

Public Examination Preparation Program 2014  
 8 Week Course (April 15, 2014 – June 12, 2014)

STUDENT REGISTRATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (Daytime/Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

If student is presently attending Day School, indicate the name of the school below.

School: \_\_\_\_\_

If student is not presently attending Day School, indicate the name and location of the last school attended.

School: \_\_\_\_\_

Course(s) Requested	Previous Mark Attained or Current Average
1.	
2.	

**\*Please note that courses are only offered on the basis of sufficient enrolment.**

Registration fee is **\$185.00 per course**, payable by cash, VISA, MasterCard, or debit card at the time of registration. **No cheques will be accepted.**

In the event that the course(s) for which you are registered cannot be offered, you will be notified by telephone. Please call **Brenda Hickey @758-2700** if you require a refund.

There will be no refunds issued after **May 1, 2014**.

Medical Condition(s): \_\_\_\_\_

**Student Responsibilities:**

I agree to attend the exam preparation classes regularly and obey all rules and regulations set by the teacher (s) and principal. I will arrive to class on time with all necessary supplies, prepared for instruction. I will complete all assigned tasks punctually. I realize that failure to comply with the above rules will result in my dismissal from classes with no refund of registration fees.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**For Office Use:**

Receipt #: \_\_\_\_\_