

Allan Blakeney Adult Campus - Night School 2018/2019 REGISTRATION FORM

(Please Print)

DATE OF	REG	SISTRATI	ON:				STUDENT #										
						STUDE	NT :	INFORM	AT]	ION							
Student's Legal Last Name:																	
Student's Legal First Name:																	
Student's Middle Name:								Date of Birth							Male Female		
Charles Address												Year Province	Doctol Co	_	Unspecified		
Student Address:								City or Town Province Postal Code									
Home Phone: Cell Phone:								Current Email Address:									
Have you previously attended Night School? ☐ Yes ☐ No								Presently Attending School ☐ Yes ☐ No Last High School When:							Last Grade Completed		
When:							Where: Where:										
Are You:								Grade 12									
						CITIZ	ZEN	SHIP STA	ιTU	IS							
□ Cana	dian	Citizen									Derms	nent Resident (s	see note h	مام	w)		
Country								□ *Landed Immigrant/*Permanent Resident (see note below) Country of Birth:									
								•									
Country								Country of Origin									
Country	of Ci	itizenship):				Cou	Country of Citizenship:									
You will be required to provide a Permanent Resident Card or proof of Canadian Citizenship at the time of registration.																	
ABORIGINAL STATUS																	
Information on Aboriginal ancestry is collected to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and <u>is not</u> mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry. The following information is collected for the Ministry of Education and disclosure is protected under <i>The Local Freedom of Information and Protection of Privacy Act</i> and all employees of Regina Public Schools must adhere to <i>Administrative Procedure 405</i> .																	
									s, Fi	irst Natior	ns/Nor	n-Registered/Non-S	tatus, Méti	s, c	r Inuit.		
Based or	this	definition,	do you consid	ler y	ourself to be an Al	boriginal pe				□ No		<i>J</i> ,	•	,			
If Yes, please specify the Aboriginal group to which you belong: □ First Nations/Registered/Status □ First Nations/Non-Registered/Non-Status □ Métis □ Inuit																	
Band Affiliation: (optional) Status Number: (optional)																	
						EMER	GEI	NCY CONT	TAC	CT							
Name of friend or relative:							tionship to student: Home Phone					ione	Cell Phone				
					COUR	RSE SEL	EC	TION – S	EM	IESTER	R 2						
Course				ays/Wedneso	days		1	Т	Course		Tuesdays/Thursdays 6:15 pm to 9:30 pm						
Choose one #			28 – May 15		Choose one #				January 29 – May 16, 2019								
	□ 8017		English A				□ 8018 English I				lish B30	B30					
		8426	Pre-Calculus 30							6425	Fou	ndations of M	Math 20				
		8255	Biology 3						8425	Fou	ndations of M	4ath 30					
		8257	Physics 30						_	6426	-	-Calculus 20					
		8307	Social Studies 30					8421 Calculus 30									
			□ 8256 Chemistry 30														
						REGI	STI	RATION F	EES	S							
□ No	Fees	5	Septemb	er 3	30.							e under 22 ye					
□ \$50 per	0.00 clas		Students September		_	red at a	not	her schoo	ol, a	and ar	e un	der 22 years	of age a	S	of		
\$500.00 per class All students 22 years of age and older as of September 30																	
						EOP O	EET	CE USE (ОΝ	ıv							
	Po	werschool)	Withdrawn	Date:			□ Cash								
		nistry of Ed			No Show	Date.			□ Debit			Amount Paid: Receipt #:					
	Fees Entered			110 511011		Date:						ілессірі т.					
☐ Timetabled				-	Refulid					Visa		Confirmation letter ☐ Yes ☐		□ No			
		netablea			Date:		☐ Mastercard										
Notes:																	
Stude	ent/	Guard	lian sian	at	ure												