



Summer School 2017
July 3 – July 28, 2017
REGISTRATION FORM
 (Please Print)

DATE OF REGISTRATION:	STUDENT #: _____
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STUDENT INFORMATION

Student's Last name:	First Name:	Middle Name:
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Date of Birth: (Month / Day / Year)	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address:

P.O. Box:	City:	Province:	Postal Code:
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Home Phone:	Cell Phone:
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Presently Attending School <input type="checkbox"/> yes <input type="checkbox"/> no	Last Grade Completed:	Canadian Citizen: <input type="checkbox"/> yes <input type="checkbox"/> no If no, country of birth: _____	Are you an Adult Student? (Have been out of school at least one year and are 19 years old or older?) <input type="checkbox"/> yes <input type="checkbox"/> no
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PARENT/GUARDIAN CONTACT

Name:	Relationship:	Home Phone:	Cell Phone:
		Work Phone:	

CLASS SELECTION (MAXIMUM OF TWO CLASSES)

Subject & Level (e.g. English 9A)	Mark	Teacher	Time	Room #
1.				
2.				

FOR OFFICE USE ONLY

<input type="checkbox"/> Demographics	<input type="checkbox"/> Withdrawn	Date:
<input type="checkbox"/> Ministry of Education	<input type="checkbox"/> No Show	
<input type="checkbox"/> Timetabled	<input type="checkbox"/> Books Returned	Date:
<input type="checkbox"/> Fees Collected	<input type="checkbox"/> Refund	Date: _____ Cheque # _____

PAYMENT

<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> On-Line Payment https://rbe.schoolcashonline.com/	<input type="checkbox"/> Money Order
Amount Paid:		Credit Card#		Expiry:	
Receipt #:					

Student signature _____

Parent signature _____
 (If student is under 18 years of age)

Principal signature _____