

## Registration For: High School Credit Courses

**Session I:** (3 credit courses) July 4– 12, 8:30 am-4:00 pm

CALM 20     Religion 15     Religion 25

**Session II:** (3 credit courses) July 14 - 22 8:30 am-4:00 pm

CALM 20     Religion 15     Religion 25     Religion 35 (3cr)  
**All 3-credit \$40.00 Except P.E 10 \$60.00**

**OUTDOOR ADVENTURE** - June 30-July 13, 2016 **\$625.00**

**Math 10C Prep Course** - July 4-22, 2016 8:30 a.m.-1:00 p.m. **\$125.00**

**Math 10C Repeat Course** - July 4-22, 2016, Mon-Thurs 8:30 a.m.- 4:00 p.m and Fri 8:30 a.m-1:00 p.m. **\$60.00**

**SCIENCE 10** - July 4-22, 2016, Mon-Thurs, 8:30am - 4:00pm and Friday 8:30am-1:00pm **\$60.00**

**RELIGION 35 for 5-credits** - July 4-22, 2016, Mon-Thurs 8:30am - 4:00pm and Friday 8:30am-1:00pm **\$60.00**

### Student Information

Legal First name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Student Also Known As:

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Parent/Guardian Cell #: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_ Gender: M / F

Birthdate: YYYY/MM/DD Alberta Student #: \_\_\_\_\_

Are you a current Elk Island Catholic School Student? \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade entering in fall 2016: \_\_\_\_\_

**Information Disclosure:** We ask for this information in order to register you in the class that you have selected. Elk Island Catholic School's employees, Board of trustees, and agents (eg. Legal counsel) may have access to this registration information on a need-to-know basis. All course fees are non-refundable. If you have any questions about the collection of this information you may contact the Principal of Continuing Education Tanya Thiessen at [tanyath@eics.ab.ca](mailto:tanyath@eics.ab.ca) or Michele Pejkovic at 780-467-2121 ext: 1001.

### Affirmation and Consent

I have read the information Disclosure contained in this Registration Form and understand how the information I have provided will be used. The information given in this Registration Form is complete and correct.

Signature of Parent/Guardian/Independent Student \_\_\_\_\_ Date: \_\_\_\_\_

Paid by:  Debit  Visa  Cash  Cheque # \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

