



**Continuing Education Program
Grade 10 Literacy (non-credit)
through TR Leger
Continuing Education Program**



STUDENT REGISTRATION FORM 2018 - 2019

Last Name: _____ First Name: _____

Day School Location: _____

Student SIS ID #: _____ Current Grade: _____

Student Address: _____

Name of Parent/Guardian: _____

Home Phone Number: _____

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____

I give my approval for my child to be enrolled in this program

Signature of Parent/Guardian

Date

Signature of Day School Principal

Date

For Day School Office Use	
Days Course to be Held: <u>Tuesdays & Thursdays.</u>	Time: <u>2:30 – 3:30 pm</u>
Session of Dates: <u>Feb. 12, 2019 – Mar. 21, 2019</u> Teacher: <u>_TBD</u> Room #: <u>Learning Commons</u>	
Registration forms are to be maintained in a Day School Office for the duration of the course and sent to TR Leger Administrative Centre, 1500 Cumberland Street, Cornwall ON K6J 4K9 at the end of the course.	