

PLEASE EMAIL THIS COMPLETED FORM TO THE NIGHT SCHOOL OFFICE: waitec@hwcdsb.ca

PLEASE PRINT CLEARLY AND ALL FIELDS ARE MANDATORY:

Student: M ☐ F ☐ _____
First Name Last Name Date of Birth (day/month/year)

Address: _____
Number Street Apt/Unit No City Postal Code

Phone: _____
Home Cell E-mail address

Day School: _____ Current Grade: _____ OEN: _____

Country of birth: _____ Status in Canada (Citizen, Perm. Res., Visitor, etc.): _____

Non-citizens: entry into Canada date: _____ Document expiry date: _____

Enrolled in High School: Full-time (3 or more classes) ☐ **OR** Part-Time (1 or 2 classes) ☐

Course Code: _____ ☐ New Course **OR** ☐ Repeat Course - Previous mark: _____

Alternate Course Code: _____ ☐ New Course **OR** ☐ Repeat Course - Previous mark: _____

Please choose preferred location: ☐ St Jean de Brébeuf ☐ Cathedral (Courses/locations dependent on sufficient enrollment)

Does the student have the necessary prerequisite to take this course? ☐ YES ☐ NO

Signature of Student Services Head _____

As a parent/guardian of the above noted student, I approve for my son/daughter to attend Night School:

Parent/Guardian Signature (only if under 18 years old)

Date _____ Student Signature _____

A student attending day school may enroll in a Night School credit course with written permission from your Principal below:

PERMISSION GRANTED BY DAY SCHOOL

Does this student have an IEP? ☐ No ☐ Yes (please provide copy)

Principal / Designate Name (**Please Print**)

Signature

Date