



CREDIT COURSE REGISTRATION FORM

Student Information

- **First Name:** _____
- **Last Name:** _____
- **Date of Birth (YYYY-MM-DD):** _____
- **Gender:** Male Female Other Prefer not to say
- **Email Address:** _____
- **Phone Number:** _____
- **Home Address:**

City: _____ Province: _____ Postal Code: _____

Parent/Guardian Information

- **Full Name:** _____
- **Relationship to Student:** _____
- **Email Address:** _____
- **Phone Number:** _____

Student/Parent Agreement

I hereby certify that the information provided is accurate and that I agree to the school's policies regarding course expectations, refund policy, and academic integrity.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Academic Details

- **Current Grade Level:** _____
- **Registering for Grade:** _____
- **Is this course for credit toward an OSSD?** Yes No
- **Is this a pre-take or retake course?** Pre-Take Retake N/A
- **Course(s) Requested (with Code):**
 1. _____
 2. _____
 3. _____

School Information (If Applicable)

- **Home School Name:** _____
- **School Board:** _____
- **Guidance Counsellor Name (if known):** _____
- **Counsellor Email:** _____
- **Is this course being used to meet a prerequisite?** Yes No

Additional Services (Optional)

- Request Midterm/Final Report to be sent to home school
- Special Accommodations Request (attach documentation)
- 1-on-1 Tutoring Support