

Registration Form - Diploma Credit Courses

Course Information

Course Name	Location Requested (for PE10)
Starting Date	Course Code (if available)

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Alberta Student #
Are you a current Elk Island Public School student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last School Attended	Current Grade

Information Disclosure: We ask for this information in order to register you in the class that you have selected. Elk Island Public School's employees, Board of Trustees, and agents (eg. legal counsel) may have access to this registration information on a need-to-know basis. If you have any questions about the collection of this information, you may contact the Assistant Principal of Continuing Education at 780-467-7292.

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

Payment Information

Please indicate method of payment	<input type="checkbox"/> Cheque* <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number	Expiry Date
Cardholder's Name	Cardholder's Signature

*Please make cheques payable to *Continuing Education*