

A student attending secondary school part-time (taking 1 or 2 credits in a semester) may enrol in the ILC program with written permission from his / her day school principal / designate, and has parental consent if under 18 years of age.

It is the responsibility of the student to ensure they meet timelines for mark submission to Post-Secondary Education Institutions.

PLEASE PRINT CLEARLY (all fields are mandatory):

Student: _____
 First Name _____ Last Name _____ Date of Birth (Day / Month / Year) _____

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

Contact: _____
 Home phone _____ Cell phone _____ E-Mail address _____

Day School: _____
 Name of school _____ Present Grade _____ OEN Number _____

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

Course: _____
 Course Code _____ Gender: Female Male

Course Location:	Credit office - St. Charles East 5th, 150 East 5th Street, Hamilton, Ontario
Registration:	Bring this form , completed and signed, along with proof of payment (see course fee) from starting Monday September 9, 2019, 6:00-9:00 pm (and every Monday night, except Statutory Holidays, thereafter)
Course Fee:	\$25 Book deposit to be paid online at hwcdsb.schoolcashonline.com from September 3, 2019 to May 22, 2020 for HWCDSB students. Non-HWCDSB students can pay with cash when they pick up their books. (Refundable when book is returned in good condition)
Teacher Availability, Course Material Pick Up, Lesson Drop off:	Monday evenings 6:00-9:00pm (except when a Statutory Holidays is observed on Monday, teachers will be in Wednesday that week)

As a parent/guardian of the above noted student, I approve for my son/daughter to participate in the St. Charles ILC Program for Secondary students.

 Parent's Signature (If student is under 18) Date _____
 Student's Signature Date

Permission Granted by Day School

I verify that this is a part-time student, and has the pre-requisite required for the course requested above.

 Principal / Designate Name (Please Print) Signature Date