

** Please refer to the Summer School flyer for eligibility and registration information **

IF YOU HAVE REGISTERED ON-LINE: BRING THIS COMPLETED FORM TO THE FIRST DAY OF CLASS.

E-LEARNING STUDENTS: BRING THIS FORM TO THE ORIENTATION AT BISHOP RYAN (tentatively JUNE 25 5:00-6:30 P.M.), OR TO BISHOP RYAN SUMMER SCHOOL BETWEEN JUNE 29 – JULY 3, 2020.

Note: due to the current environment, we ask parents/guardians to send an email message to info@stcharles.ca and provide your permission for your child to attend, please include your child's name and course selected for summer school. If face to face classes run a hard copy of this form must be submitted as per the instructions above.

PLEASE PRINT CLEARLY (ALL FIELDS ARE MANDATORY):

Student's Name: _____
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 (HWCDSD students must use HWCDSD account)

Day School: _____ Gender: M F

OEN Number: _____ Present Grade _____

Country of Birth: _____

Status in Canada (Citizen, Perm. Res. Refugee, etc.): _____

Document Expiry Date: _____ Arrival date in Canada: _____

Foreign Visa holder? No Yes (must provide Immigration documentation, and payment before July 2)

In-class: Bishop Ryan Cathedral St. Thomas More **E-Learning:** Bishop Ryan

Course Code _____

Alternate Choice _____

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

Parent / Guardian Signature
(if student is under 18 years old)

Student Signature

A student attending day school may enroll in a Summer School credit course if he / she has written permission from their principal / designate. The day school will receive a report of the student's performance at the end of the course. Depending on registration numbers, students may need to attend another summer school location.

PERMISSION GRANTED BY DAY SCHOOL

Does this student have a medical peril? No Yes (student required to provide information to school)
Does this student have an IEP? No Yes (please provide copy)

Principal / Designate Name (Please Print)

Signature

Date