

**Application to Attend**

A student attending secondary school on a PART TIME basis (one or two credits in a semester), may enroll in the ILC program with written permission from his/her day school principal/designate, and has parental consent if under 18 years of age.

**\* A SEPARATE FORM IS REQUIRED FOR EACH COURSE TAKEN \***

**PLEASE PRINT CLEARLY, AND ALL FIELDS ARE MANDATORY:**

Student: M  F

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Address:

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Number \_\_\_\_\_ Street \_\_\_\_\_ Apt/Unit No \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Numbers:

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Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Day School:

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Current Grade \_\_\_\_\_ OEN \_\_\_\_\_

Country of birth: \_\_\_\_\_ Status in Canada \_\_\_\_\_  
Citizen, Perm Res, Visitor, etc.

Course requested: \_\_\_\_\_

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Course Code \_\_\_\_\_

Course Location:	St. Charles East 5th, 150 East 5 <sup>th</sup> Street, Hamilton, ON L9A 2Z8
Course Fee:	<b>\$25</b> Book deposit (refundable when the book is returned in good condition)
Registration, Course Material Pick Up, Lesson Drop Off:	<b>Credit Office</b> , St. Charles East 5 <sup>th</sup> , 150 East 5 <sup>th</sup> Street, Hamilton, ON Monday evenings only (continuous intake) from 6:00-9:00 starting September 11, 2017

- Exams will be written once course content has been completed
- If credit is required for Post Secondary education, it is your responsibility to meet the timelines

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

\_\_\_\_\_  
Parent's Signature (if student under 18)                      Date                      Student's Signature                      Date

**PERMISSION GRANTED BY DAY SCHOOL**

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

I verify this student has the pre-requisite required for the course requested above, and is a PART-TIME student (taking two or less courses) at our school this semester.

Principal/Designate:

\_\_\_\_\_  
Printed Name    Signature    Date