INDEPENDENT LEARNING COURSES (ILC) FOR PART-TIME SECONDARY STUDENTS
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.

NEW

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

PLEASE PRINT CLEARLY, AND ALL FIELDS ARE MANDATORY:

Student: M☐ F☐ _____
First Name Last Name Date of Birth (month/day/year)

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

Contact Numbers: _____
Home Cell E-Mail

Day School: _____
Current Grade OEN

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

Course requested: _____
Course Code

Course Location:	St. Charles East 5th, 150 East 5th Street, Hamilton, ON L9A 2Z8
Course Fee:	**$25** Book deposit (refundable when the book is returned in good condition) **Paid on School Cash Online: hwcdsb.schoolcashonline.com**
Registration, Course Material Pick Up, Lesson Drop Off:	**Credit Office**, St. Charles East 5th, 150 East 5th Street, Hamilton, ON Monday evenings only (continuous intake) from 6:00-9:00 p.m. 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