

A student attending secondary school may enrol in the Summer ILC program with written permission from his/her day school principal / designate and has parental consent if under 18 years of age.

All course material and the final examination must be complete by **Wednesday July 26th, 2017**. Marks will be forwarded to the students' day school the week of July 31st, 2017. It is the responsibility of the student to ensure they meet timelines for mark submission to Post-Secondary Education Institutions.

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

PLEASE PRINT CLEARLY:

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:

(MANDATORY) _____ Present Grade _____ OEN Number (MANDATORY) _____

Status in Canada:

Place of Birth (MANDATORY) _____ (Citizen/Perm. Res./Visitor, etc.?) (MANDATORY) _____

Course:

Course Code _____ Gender: Female Male _____

Course Location:	St. Charles East 5th, 150 East 5th Street, Hamilton, Ontario
Course Fee:	\$25 Book deposit (refundable when the book is returned in good condition)
Registration:	Credit Office, St. Charles East 5th, 150 East 5th Street, Hamilton, Ontario 9:00 a.m. – 3:00 p.m. Monday – Friday from July 4 – July 7, 2017
Course Material Pick Up, Lesson Drop off:	Credit Office, St. Charles East 5th, 150 East 5th Street, Hamilton, Ontario 9:00 a.m. – 3:00 p.m. Monday – Friday from July 4 – July 26, 2017
Teacher Availability:	1:00 – 3:00 p.m. on Wednesdays only from July 5 th – July 26, 2017

As a parent/guardian of the above noted student, I approve for my son/daughter to participate in the St. Charles ILC Summer 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 student has the pre-requisite required for the course requested above.

Principal / Designate Name (Please Print) _____ Signature _____ Date _____