

**EASTERN SCHOOL DISTRICT
Public Examination Preparation School 2008
16 Week
STUDENT REGISTRATION FORM**

Last Name: _____ First Name: _____ Initial: _____

E-mail address: _____

Street: _____ City/Town _____

Postal Code: _____ Telephone Number: _____

Date of Birth: _____ (year) _____ (month) _____ (day)

MCP#: _____

If student is presently attending Day School, indicate the name of the school and where it is located.

School _____ City/Town _____

If student is not presently attending Day School, indicate the name of the school previously attended and where it is located.

School _____ City/Town _____

| Course(s) Requested | Previous Mark Attained or Current Average |
|---------------------|---|
| 1. | |
| 2. | |

*As courses are offered on the basis of sufficient enrolment, we are not able to offer all courses on each evening.

Course offerings will be based on demand. Registration fees are \$160.00 per course, payable at the time of registration. **No cheques will be accepted.**

In the event that the course(s) for which you are registered cannot be offered, you will be notified by telephone and a refund will be provided.

There will be no refunds after **February 20, 2008.**

Medical Condition(s): _____

Student Responsibilities:

I agree to attend the exam preparation classes regularly and obey all rules and regulations set by the teacher(s) and principal. I shall arrive to class on time with all necessary supplies, prepared for instruction. I shall complete all assigned tasks punctually. I realize that failure to comply with the above rules will result in my dismissal from classes with no refund of registration fees.

Signature of Student

Date