Continuing Education Services
Halton Catholic District School Board

ESL Youth Summer School Student Registration Form

STUDENT SECTION

Name of Your Home School: _____

***Grade 9☐ 10☐ 11☐ 12☐** ***Visa Student? Yes☐ No☐**

***STUDENT NAME _____ *AGE _____**
(Family Name) (Given Name)

***Address: _____ *Male_____*Female_____**

***City_____**

***Telephone: Home #_____**

***Emergency #_____ *Name: _____**

***Country of Birth _____ *First Language_____**

Date of Entry into Canada _____

***Medical Concern: no___ yes___ (See comments)** ***Birthdate: _____**
DD/MMM/YYYY

***Student Signature_____**

TEACHER SECTION

ESL Level of Student 1 ☐ 2 ☐ 3 ☐ 4 ☐

_____
Teacher Signature

Comments: _____

_____

OFFICE USE ONLY (Student Category)

ESL:{16,16+}_____
_____

Literacy:[14,15]_____
_____

Visitor_____
_____

Class Code_____ Start Date_____

Registered By: _____

Additional Information: _____

Please fax completed registration forms to Kim Clancy at 905.842.7475