



Multi-School Programming Registration Form

School Year: _____

Name of Student: _____

Phone Number: _____ Email Address: _____

Current Priority School: _____

Applying To Take a Course/s at (Name of School): _____

1. Student: (Legal First, Middle and Last Name)

_____	_____	_____
First	Middle	Last

ASN #: _____

Date of Birth: _____ Day _____ Month _____ Year _____

Grade Currently Enrolled In: _____

The Year the Student is to Graduate: _____

2. My parent is aware of this request: YES NO

Name of Parent/Guardian: _____ Phone (780) - _____

Parent signature: _____

3. Course Name/s:	Course Code/s:	Teacher:	Start Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Funding/Programming Information:

Does this student require Special Accommodations? YES NO
Please attach relevant reports or forward by fax or email.

Is there a current IPP on file? YES NO

5. When is the student to complete the course? Semester 1 Semester 2

6. Signature of student: _____ Date: _____

7. Signature of sending principal or designate: _____ Date: _____