

PLEASE EMAIL THIS COMPLETED FORM TO THE NIGHT SCHOOL OFFICE: info@stcharles.ca

PLEASE PRINT CLEARLY AND ALL FIELDS ARE MANDATORY:

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

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

Phone: _____
 Home _____ Cell _____ E-mail address _____

Day School: _____ Current Grade: _____ OEN: _____

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

Non-citizens: entry into Canada date: _____ Document expiry date: _____

Enrolled in High School: Full-time (3 or more classes) **OR** Part-Time (1 or 2 classes)

Course Code: _____ New Course OR Repeat Course - Previous mark: _____

Alternate Course Code: _____ New Course OR Repeat Course - Previous mark: _____

Does the student have the prerequisite necessary to take this course? YES NO

Signature of Student Services Head: _____

A Student attending day school may enroll in a night school credit course with written permission of their principal.

As a parent/guardian of the above noted student, I approve for my son/daughter to attend Night School:

Parent/Guardian Signature (only if under 18 years old)

Date _____ Student Signature _____

Students must select their course in my blueprint.

Live Synchronous Instruction: Students are **required to keep their cameras turned on for attendance purposes.** This ensures student engagement.

Technology Requirement: Computer/laptop with a camera, microphone, speaker, and internet access to MS teams.

Final exams are in person at a location yet to be determined.

PERMISSION GRANTED BY DAY SCHOOL

Does this student have an IEP? No Yes

Principal / Designate Name (Please Print)

Signature

Date