

REGISTRATION FORM

Specialist High Skills Major — **Arts and Culture**

Personal Information: Please print nea	tly and provide the infori	nation below.	
.egal Name:Surnar	ne	First Name	Middle Initia
Eurrent School:		Student ID #:	
Home Address:			
ity/Town:		Postal Code:	
ome Telephone: Cell:		E-Mail:	
Which pathway do you plan to pursu	e? (Please check one.)		
☐ Apprenticeship Training ☐ Work	cplace	University	
Are you currently enrolled as an OYA	P student?	No	
•	Course Named: Yes No		
All students registered in a Specialist	High Skills Major mus	t take Co-op.	
lave you ever taken Co-op?	If Yes, when?		
f No, are you planning on taking Co-op? 🔲	Summer prior to Grade 11	☐ Grade 11 ☐ Grade 12	
Student's Signature	Print n	ame (Student)	Date
Parent/Guardian Signature	Print name		Date

Once you have completed the Registration Form, please submit it to the Guidance Department at your school for processing. A member of the SHSM team will be in contact with you shortly to set up your file and get you started on your journey to success.

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is being collected under the authority of the Education Act and will be used to register students in a Specialist High Skills Major. For more information, please contact the Principal.

Congratulations on choosing an exciting future!

School Contact Information:

SHSM.rainbowschools.ca