

# REGISTRATION FORM



## Specialist High Skills Major – Business

**Personal Information:** *Please print neatly and provide the information below.*

Legal Name: \_\_\_\_\_  
Surname First Name Middle Initial

Current School: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Which pathway do you plan to pursue?** *(Please check one.)*

- Apprenticeship Training     Workplace     College     University

**Are you currently enrolled as an OYAP student?**     Yes     No

**Have you taken or are you currently enrolled in any Dual Credit courses?**     Yes     No

If yes, please provide details: Course Code \_\_\_\_\_ Course Name \_\_\_\_\_

Currently enrolled:     Yes     No

Completed:     Yes     No    If yes, provide date of completion: \_\_\_\_\_

**All students registered in a Specialist High Skills Major must take Co-op.**

Have you ever taken Co-op?     Yes     No    If Yes, when? \_\_\_\_\_

If No, are you planning on taking Co-op?     Summer prior to Grade 11     Grade 11     Grade 12

\_\_\_\_\_  
Student's Signature Print name (Student) Date

\_\_\_\_\_  
Parent/Guardian Signature Print name (Parent/Guardian) 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: