

REGISTRATION FORM

Specialist High Skills Major — **Energy**

Personal Information:	Please print neatly and pi	rovide the inform	ation below.	
Legal Name:	Surnama		First Name	Middle Initial
urrent School:				
Home Address:				
City/Town:			Postal Code:	
Home Telephone:	Cell:		E-Mail:	
Which pathway do you	ı plan to pursue? (Pleas	e check one.)		
Apprenticeship Training	■ Workplace	College	University	
Are you currently enro	lled as an OYAP studer	t? • Yes • N	0	
Have you taken or are	you currently enrolled	in any Dual Cre	dit courses?	
If yes, please provide details	Currently enrolled: Ye	s 🔲 No	eorovide date of completion:	
All students registered	in a Specialist High Sk	ills Major must	take Co-op.	
Have you ever taken Co-op?	☐ Yes ☐ No If Yes,	when?		
If No, are you planning on to	aking Co-op?	orior to Grade 11	☐ Grade 11 ☐ Grade 12	
Student's Signature		Print nai	 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!

Print name (Parent/Guardian)

School Contact Information:

Parent/Guardian Signature

SHSM.rainbowschools.ca

Date