

REGISTRATION FORM

Specialist High Skills Major — **Environment**

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

Legal Name:				, ,
e e gar ramer	Surname		First Name	Middle Initial
Current School:			Student ID #:	
Home Address:				
City/Town:			Postal Code:	
Home Telephone:	Cell:		E-Mail:	
Which pathway do you pla	an to pursue? (Pleas	e check one.)		
Apprenticeship Training	■ Workplace	College	University	
Are you currently enrolled	l as an OYAP studer	nt? 🔲 Yes 🔲 N	0	
Have you taken or are you	currently enrolled	in any Dual Cre	dit courses?	
Cu	irrently enrolled: 🔲 Y	es 🔲 No	orovide date of completion:	
All students registered in	a Specialist High Sk	kills Major must	take Co-op.	
Have you ever taken Co-op? 🛚	Yes 🗆 No If Yes,	when?		
lf No, are you planning on taking	g 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:

SHSM.rainbowschools.ca