

REGISTRATION FORM



Specialist High Skills Major – Health and Wellness

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: