## Continuing and Community Education INTERNATIONAL LANGUAGES (SECONDARY)



## Credit Course

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	Language of Study:				School Site:						
Student Information	Legal Last Name (Birth Certificate):				Given Name:						
	Legal First Name (Birth Certificate):				Date of Birth:  Day Month Year				☐ Male	☐ Fem	ale
	Address:				Apt/Unit:		City:				
	Province:		Postal Code:		Tel. (H):						
	Proof of Ontario residency may be requested.										
	Main Contact E-mail Address:										
	Day School	Current Day School (Full r	Current Grade:	e: School Board: 🗆 Ottawa Catholic 🗅 Ottawa Publ					Public		
$\overline{\Omega}$	Information			☐ French Ca	tholic 🗖	French Pub	lic	Other:			
	List any allergies or medical condition we should be aware of:  Medical  Information  Will your child require epipen/other medication during school hours?										
Parent/Guardian	Name: Tel (C): Tel (W):										
t/G	· · · · · · · · · · · · · · · · · · ·										
ren	Name: Tel (C):										
Ф	Tel (W):										
Priva	Privacy Statement Personal information collected on this form is collected under Placement										
the authority of the Ministry of Education and the MFIPPA.					Level/Grade Course Code Assigned						
I hereby authorize the Ottawa Catholic School Board to use this information for the purpose of operating this program, to transfer the information to appropriate educational institutions as requested, and to release information upon my request. I have read, understood and agree to					, voi, di du				ao Aodigilia		

requested, and to release information upon my request. I have read, understood and agree to the conditions stated on this form. $ \\$					
Student Signature:					
Parent/Guardian Signature ( Required for students under 18 years of age)					
and the second s					
Date:					

Placement									
Level/Grade		Course Code Assigned							
Current:									
New School Year:									
Consumables/Activity Fee Paid: Out-of-Province Fee Paid:									
IL Teacher: First & Last Name (please print)									
Date: _				-					