

REGISTRATION FORM

Specialist High Skills Major — **Environment**

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

Legal Name:	Surname		First Name	Middle Initial	
Current School:					
Home Address:					
City/Town:		Postal Code:			
Home Telephone:	Cell: E-Mail:				
Which pathway do you pl	an to pursue? (pled	ase check one)			
Apprenticeship Training	■ Workplace	College	University		
Are you currently enrolled	d as an OYAP stude	ent? 🔲 Yes 🔲 No			
Have you taken or are you	u currently enrolle	d in any Dual Cre	dit courses? Yes	No	
	urrently enrolled: 🔲 ՝	Yes 🔲 No	rovide date of completion:		
Student's Signature			Parent/Guardian Signature		
Print name (Student)			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