

REGISTRATION FORM

Specialist High Skills Major — Mining

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

| Legal Name: | <u> </u> | | P* All | LETTE LOCAL | |
|------------------------------------|-----------------------|--------------------|------------------------------|----------------|--|
| | 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? (plea | ase check one) | | | |
| Apprenticeship Training | Workplace | College | University | | |
| Are you currently enrolled | as an OYAP stude | ent? 🗆 Yes 🗀 N | 0 | | |
| Have you taken or are you | currently enrolle | d in any Dual Cr | redit courses? Yes | □ No | |
| If yes, please provide details: Co | urse Code | Course Nam | ne | | |
| Cu | rrently enrolled: 🔲 🗅 | Yes 🔲 No | | | |
| Co | mpleted: | Yes 🔲 No If yes, p | provide date of completion | l : | |
| | | | | | |
| Student's Signature | | | Parent/Guardian Signature | | |
| Print name (Student) | | | Print name (Parent/Guardian) | | |
| | | | | | |

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