



SUMMER SCHOOL 2021

E Learning REGISTRATION FORM

_____		_____	
LAST NAME		GIVEN NAME	

ADDRESS			

Parent Phone Number	Student Phone Number	Date of Birth	Gender
_____		_____	
Student Email		Parent Email	

Student's Acknowledgement of Responsibility:			
I agree to log in daily to the classes provided for this course, to complete required assignments and follow the ADSB protocol for use of computers. I understand that regular contact with my teacher is a requirement of E Learning Summer School and I am available to complete the course from Monday July 5 th until Friday July 30 th inclusive. I understand that if I do not withdraw from the course by July 8th, a mark will appear on my official transcript.			
_____		_____	
Student Signature		Date	

Name of Course requested and code: _____	
Name of Secondary School presently attending: _____	
Are you a pupil of Algoma District School Board?	YES NO
Name of last Secondary School attended full time: _____	Year
Name while attendance at the school: (Maiden Name) _____	
***NOTE: ALL COURSES ARE SUBJECT TO SATISFACTORY ENROLMENT.	

Parent Approval (Required for students under 18 years of age):	
I approve of this request. I agree that my child will log in regularly to the classes provided for this course, to complete required assignments and to follow the ADSB protocol for use of computers. I understand that attendance is a requirement of E Learning Summer School and have not made any vacation plans during the run of Summer School that will involve my child missing his/her ability to log in regularly. I understand that if my child does not withdraw from the course by July 8th, a mark will appear on his/her official transcript.	
_____	_____
Signature of Parent or Guardian	Date
Parent's Cell: _____	Parent Email: _____



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To be completed by school officials (GUIDANCE)
for all students who are presently enrolled in a Secondary School.

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STUDENT NUMBER

AND

OEN NUMBER

Transferred into EDSEMBLI?

YES Reservation made in the SRS?

YES Does this student have an IEP? **YES** **NO**

PRINCIPAL'S DECLARATION

	This student has been recommended for credit recovery. A copy of the report will be sent with the student.
	This student has the prerequisites necessary for enrolment in this course.
	I concur with this enrolment.

Comments:

Principal Signature (or agent)

Date