**KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD**

**SUMMER SCHOOL 2024**

**Please place a**

**checkmark ✔**

**beside the desired**

**site location**

**Course Selection:**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Entered\_\_\_\_\_\_

**Please attach a Grad Summary/ Credit Counselling Summary to each Registration Form**

**Tuesday, July 2, 2024- Monday, July 29, 2024**

❏ **Bowmanville High School**

**49 Liberty St N., Bowmanville, ON L1C 2L8**

❏ **Cobourg Collegiate Institute**

**335 King Street East., Cobourg, ON K9A 1M2**

❏ **Thomas A. Stewart Secondary School**

**1009 Armour Rd., N Peterborough, ON K9H 7H2**

Student’s Home School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

**GRADE 9 – 12 REGISTRATION FORM - CREDIT PROGRAM**

**PLEASE FULLY COMPLETE THIS REGISTRATION FORM & RETURN IT TO YOUR HOME SCHOOL**

**If your student has an IEP, Medical Plan of Care or Positive Behaviour Support Plan please make sure to include a copy of these documents with your completed Registration Package**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

(PLEASE PRINT) Legal Last Name Legal First Name Initial

OEN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mandatory) Current Grade: \_\_\_\_\_\_\_\_\_\_

Date of Birth: (D/M/Y) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number & Street or R. R #) (Main)

(City/Town) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Postal Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

**Attendance:** A student will be removed from, and fail to receive an evaluation for, any course in which they have been absent for two (2) days. (CHV/GLC or upgrade courses – 1 day absence)

**Lates:** If a student is late four (4) times it will count as one (1) day of absence.

**Culminating Activity:** Course Culminating Activitieswill be completed in all subjects.

**Courses: Students can register to take one in-person, co-op, dual credit,**

**or eLearning course or two half credit (GLC/CHV courses) per summer.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Signature of Parent/Guardian

**NOTE:** All summer school credits are granted subject to confirmation of eligibility by the home school. Students are advised to ensure that all admission requirements have been met prior to their enrolment in a course.

**The above student is eligible for the course(s) indicated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of home school Principal or Guidance Counsellor

**All Summer School Registration Forms should be sent to:**

**Bowmanville High School, Attention: Jill Curzon - Summer School**

**49 Liberty St., N., Bowmanville, ON L1C 2L8 Phone: (905)623-4416 x205**

**or email –** [**summer\_school@kprdsb.ca**](mailto:summer_school@kprdsb.ca)

**“**This information is collected and maintained under the authority of the Education Act in compliance with the Municipal Freedom of Information and Protection of Privacy Act**.”**

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