

To register call (780) 989-3000 or Fax this form to (780) 989-4949

Please print clearly!

MALE FEMALE ALBERTA LEARNING I.D. #: _____ ECSD # _____

LEGAL LAST NAME: _____ AGE: _____

FIRST & MIDDLE NAME: _____ BIRTH DATE: _____

(MMM / DD / YYYY)

STUDENT E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ HOME PHONE: (____) _____

PRESENT GRADE: _____ CURRENT/PAST SCHOOL (ATTENDING): _____

PARENT(S)' DAYTIME PHONE OR EMERGENCY CONTACT PHONE: (____) _____

PARENT E-MAIL ADDRESS: _____

If over 18 permission to contact parent's number or email other than for an emergency

Choose from: Art 10*, 20* & 30* Forensics 25*,35* Physical Education 10* Social Studies 10-1*,20-1*, 30-1
 Biology 20* & 30* Information Processing* Physics 20 & 30 Social Studies 10-2, 20-2*, 30-2
 C.A.L.M.* Math 20-1 (In Development), 30P* Religion 15, 25, 35* Learning Strategies 15*
 Chemistry 20 & 30 & Math 31* Science 10, 20*, 30* Legal Studies*, other CTS*
 English 10-1, 20-1, 30-1 Math 20-2 (In Development), 30A Science 14*, 24*
 English 10-2, 20-2, 30-2 Math 10C*,10-3*

COURSE		FEE	Fees
COM 1255	<input type="checkbox"/> Yes <input type="checkbox"/> No (compulsory for first time online students)	\$0.00	<input type="checkbox"/> \$100.00 per course, for a student 19 or younger as of Sept. 1 st of this school term. (\$25 nonrefundable registration fee and \$75 caution fee.) <input type="checkbox"/> \$400.00 per course for a student over 19 as of Sept. 1 st of this school term. <input type="checkbox"/> \$800.00 per course for an International student
		\$	
		\$	
		\$	
<i>Remember you get the \$75.00 caution fee portion of the registration fee refunded (per course) when we get our books back at the end of the course!</i> <i>*Courses listed above with * do not require a textbook and therefore the caution fee is waived.</i>		TOTAL:	
		\$	

METHOD OF PAYMENT: Payment *must* accompany this form. All fees include G.S.T.

- Cash/Debit
- Money Order (payable to Edmonton Catholic Schools)
- Cheque (payable to Edmonton Catholic Schools) *We are unable to accept post-dated cheques!*
- MasterCard VISA

 Expiry Date:
 M M Y Y

Name as it appears on the credit card: _____ Signature _____

- | | |
|--|---|
| <input type="checkbox"/> PowerSchool | <input type="checkbox"/> ECSnet |
| <input type="checkbox"/> eLuminate | <input type="checkbox"/> FOIP |
| <input type="checkbox"/> D2L | <input type="checkbox"/> Deposit to Bus Mgr |
| <input type="checkbox"/> Rev Info Mailed | <input type="checkbox"/> Caution Fee Returned |
| <input type="checkbox"/> Spreadsheet | |

Please complete the remaining registration information on the back of this form!

(over)

STUDENT INFORMATION

If you are known by a name other than your LEGAL name (AKA = also known as), please complete the information below:

Also known as *Surname* _____

Also known as *First Name* _____

Also known as *Middle Name* _____

Baptized Catholic: Yes No If yes, Roman Catholic or Ukrainian Catholic

First Communion: Yes No Parish: _____

Confirmation: Yes No

If religion is *other than the Catholic faith* please sign the following acknowledgement: ***I hereby acknowledge that I am aware of the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses, instructions and exercises in which Catholic ethical standards are taught.***

Parent/Guardian Signature
(if student is under 18 as of September 1st of this school term)

Student Signature
(if student is over 18 as of September 1st of this school term)

Alberta Health Care Number: _____

Citizenship: _____

Birth Country: _____

Language Spoken at Home: _____

Aboriginal Status (if applicable): Metis
 Treaty Indian Living on Reserve
 Treaty Indian Living off Reserve
 Inuit

Non-Status Indian
Treaty #: _____
Indian Band: _____
 Other: _____

EMERGENCY/PARENT/GUARDIAN INFORMATION

MOTHER:

Last & First Name _____ Address (if different than student's) _____
() _____ Mother Baptized a Catholic? Yes No
Home Phone _____ Work/Cell Phone _____

FATHER:

Last & First Name _____ Address (if different than student's) _____
() _____ Father Baptized a Catholic? Yes No
Home Phone _____ Work/Cell Phone _____

GUARDIAN OR GROUP HOME:

Last & First Name _____ Address (if different than student's) _____
() _____
Home Phone _____ Work/Cell Phone _____

MEDICAL INFORMATION

Any medical information we need to be aware of: _____

SIGNATURE

Parent/Guardian Signature
(if student is under 18 as of September 1st of this school term)

Date: _____

Student Signature
(if student is over 18 as of September 1st of this school term)