



SASKATOON PUBLIC SCHOOLS

Online Learning Courses

2009-2010 Application Form

Today's Date*: (YYYY, MM, DD)

Please **print neatly** to complete the following information. *Required Fields

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Student Information:

Legal First Name(s)* _____ Legal Last Name* _____

Preferred First Name _____ Middle Name(s) _____

Previous last name/maiden name (if applicable) _____

Student Email Address*

(PRINT clearly, all letters, numbers, underscores, dashes, etc)

Date of Birth* Age*

YYYY MM DD

Gender* MALE FEMALE

Grade Level for **2009/2010** (please circle)* [9] [10] [11] [12] [Upgrade] [22+ years]

Contact Information:

Phone Number* _____ Cell Number _____

Street Address* _____

City* _____ Province* _____ Postal Code* _____

Parent (Guardian) Name*: _____

Parent (Guardian) Email:

Choose **ONE** of the following*:

Will you be attending a Saskatoon high school – If so, which one?

Will you be attending a high school **outside of Saskatoon?**

Not attending any high school.

What are your plans? Work, university, etc.

Name of school:

Where did you last attend high school?

Name of school division:

Year?

Which **program** do you plan to graduate under*: regular 24 credits **OR** Adult 12 program **OR** N/A

Saskatoon Public Schools Only:

Name of Counsellor/Registrar*: _____

Student Citizenship and Ancestry:

If of Aboriginal Ancestry, please select one: Indian status Inuit

Band name _____ Indian non-status Métis

Citizenship* Canadian Other _____

Country of Birth* Canada Other _____

Out-of-Division Contact Teacher Information:

Student Number (Ministry of Education – DEN #) _____

School Contact Person* _____

Contact Teacher Email* _____

School Phone Number* _____ School Fax Number* _____

School Division* _____

Please indicate the course you wish to register for by placing a ✓ in the box to the left of the course

	Online Courses Offered		
English	Creative Writing 20	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Creative Writing 30		<input type="checkbox"/> Semester 2
	ELA 10A	<input type="checkbox"/> Semester 1	
	ELA 10B		<input type="checkbox"/> Semester 2
	ELA 20		<input type="checkbox"/> Semester 2
	ELA 30A	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	ELA 30B	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Journalism 20	<input type="checkbox"/> Semester 1	
Math	Math 10	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Math 20	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Math A30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Math B30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Math C30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
Science	Biology 30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Chemistry 30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Computer Science 20	<input type="checkbox"/> Semester 1	
	Computer Science 30		<input type="checkbox"/> Semester 2
	Physics 30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
Social Science	History 30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Geography 30		<input type="checkbox"/> Semester 2
	Law 30		<input type="checkbox"/> Semester 2
	Native Studies 30	<input type="checkbox"/> Semester 1	
PAA	Accounting 10	<input type="checkbox"/> Semester 1	
	Accounting 20	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Accounting 30		<input type="checkbox"/> Semester 2

Student Declaration:

By signing my name below, I verify that I understand I am registering for a regular credit class that is teacher directed. I am aware that I am expected to work on the course on a regular basis and submit my work in a timely fashion.

Student Signature*

Parent Signature*