



SASKATOON PUBLIC SCHOOLS
Online Learning Centre
2010-2011 Application Form

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

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

--	--	--

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* _____

Date of Birth*

--	--	--

 YYYY MM DD Age*

--

 Gender* Male Female

Grade Level for **2010/2011** (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*: _____

Please provide information for **ONE** of the following*:

- Saskatoon School: _____
- Outside of Saskatoon School: _____ School Division: _____
- Not attending high school. Last school attended: _____
- What are your plans? (ie. work, university, etc.): _____

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*: _____

Out-of-Division Information:

School Contact Person* _____ School Phone Number* _____

Contact Email* _____ School Fax Number* _____

School Mailing Address* _____

Student Number (Ministry of Education - DEN #) _____

Invoice Information*:

Name: _____

Address: _____

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 _____**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 Foundations & PC	<input type="checkbox"/> Semester 1	
	Math 10 Workplace & App		<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 20	<input type="checkbox"/> Semester 1	
	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	Geography 30		<input type="checkbox"/> Semester 2
	History 30	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
	Law 30	<input type="checkbox"/> Semester 1	
	Native Studies 30		<input type="checkbox"/> Semester 2
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
	Photography 20		<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*