

NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

Department of Adult and Continuing Education

Online Learning Centre

68 Eastchester Ave St.Catharines, ON L2P 2Y4

Phone: 905-646-5967 Fax: 905-685-4413

<http://alc.niagaracatholic.ca/learnonline.asp>

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act, c.129, s. 60 and will be used for the purposes of registration for On-Line Learning with the Board. Questions about this collection should be directed to the Project Administrator of On-line Learning at The Niagara Catholic District School Board, as per the address above.

Course Selection

Course Title:

Course Code:

OEN:

Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

Postal Code

Phone Number

Date of Birth: (dd)____(mm)____(year)_____

(please circle)

Male

Female

e-mail address:

Additional Information

STUDENT STATUS IN CANADA (please check one box)

Canadian Citizen

Landed Immigrant

Other

Are you attending a Secondary School in Ontario? (check one) Full Time

Part Time

School _____ City _____ Last Year Attended _____ Graduate? Yes No

*If you are a full time student within any school board other than the NCDSB please see fee schedule below.

*If you are a part time student in any school board you must send/fax a copy of your current timetable and your transcript.

STUDENT SIGNATURE _____ DATE _____

Fee Schedule

- Adult and Continuing Education Student: \$50.00
- Part Time Student in any school: \$50.00
- Full Time Student in any District School Board including NCDSB (Sept to June) \$300.00
- July to August (course must be complete by Aug 15) \$50.00
- Students on a Visa Permit \$600.00
- **Prices do not include the cost of course materials. Fees are non-refundable.**

Payment Options

CASH DEBIT VISA MASTERCARD

Paid @ St.Thomas St. Ann Father Fogarty

Card holder Name: _____

Card #: _____ Exp: _____ DATE PAID: _____

Office Use Only

STUDENT LOG-IN _____ STUDENT PASSWORD _____ DATE _____

MUST BE SUBMITTED BY STUDENTS CURRENTLY ENROLLED AT A DAYTIME HIGH SCHOOL

TO BE COMPLETED BY STUDENT SERVICES

Home School _____ Student Number _____

REASON FOR TAKING THIS COURSE

COUNSELOR'S COMMENTS

PARENTAL APPROVAL (If Student is under 18)

Signature of Parent or Guardian

Date

DAY SCHOOL PRINCIPAL'S APPROVAL

Signature of Day School Principal

Date

ADMINISTRATIVE USE ONLY

Signature of Principal of Adult & Continuing Education

Date