



NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD

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Department of Adult and Continuing Education



Mr. S. Scala, Principal

905-682-3360 <http://alc.niagaracatholic.ca>

REFRESHER CAMP APPLICATION FORM
July 5 - 16, 2010; 8:00 am - 2:30 pm

HOME SCHOOL USE ONLY
OEN _____

Please return the completed form to your Teacher by **June 11, 2010**. Contact will be made only if the the course is full or cancelled.

Name _____ Sex: M F

Address _____ City _____ Postal Code _____

Date of Birth _____ / _____ / **19** _____ Telephone No. (Home) _____
Day / Month / Year

Email _____

Parent or Guardian _____ Telephone No. (Work) _____

In case of emergency contact: _____ Telephone No. _____

Pertinent Medical Information _____

Student's **Current** Home School June, 2010 _____ Student's Home School September 2010 _____

Transportation will be provided to Blessed Trinity, Denis Morris, Lakeshore Catholic, Notre Dame College, and Saint Paul from selected locations. Consult the REQUEST FOR PUPIL TRANSPORTATION AT BOARD EXPENSE form (available on the web at <http://alc.niagaracatholic.ca>) to ascertain whether or not you qualify for Summer School transportation. Should you qualify, please complete the form and return it together with this form.

Summer School Sites: (circle one) *Denis Morris / Lakeshore Catholic / Notre Dame / Blessed Trinity / Saint Paul*

Presently in (circle one): Grade 7, 8		Teacher Recommendations (Please Print)	
Subjects (Please check appropriate Level)	Achievement Level		Weaknesses/Next Steps --- Please be specific
	Level 1	Level 2	
English			
Reading			
Writing			
Oral & Visual Communication			
Mathematics			
Number Sense & Numeration <input type="checkbox"/> Integers <input type="checkbox"/> Fractions <input type="checkbox"/> BEDMAS			
Measurement			
Geometry & Spatial Sense <input type="checkbox"/> Cartesian Plane			
Patterning & Algebra <input type="checkbox"/> One & Two Step Solutions			
Data Management & Probability <input type="checkbox"/> Interpreting Graphs <input type="checkbox"/> Mean, Median, Mode			

Teacher's Signature _____

Principal's Signature _____

Parent's/Guardian's Signature _____

Date _____

Please check box if this student has an IEP ***Specify exceptionalty***