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

SUMMER SCHOOL 2010 - CO-OP APPLICATION FORM
DATES: Monday, July 5 - Friday, July 30

Please return the completed form with fees (where applicable), to your Guidance/Principal's Office by **June 11, 2010.** Forms completed after that date will be accepted only if the course has not been cancelled due to insufficient enrolment or is not full. **Contact will be made only if the the course is full or cancelled.**

(PLEASE PRINT)

Name (Full Legal) _____
Last First Middle

Address _____
City Postal Code

Date of Birth ____/____/**19**____ Sex: M F
Day / Month / Year

Telephone No. (Home) _____

Parent or Guardian _____ Telephone No. (Work) _____

Email

In case of emergency contact: _____ Telephone No. _____

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

Student's Home School as of 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.

COURSE DESIRED

☐ **One Credit** or ☐ **Two Credits**

Course Name _____

Course Code _____

COURSE LOCATION (circle one) Blessed Trinity / Denis Morris / Holy Cross / Lakeshore / Notre Dame / St. Francis / St. Michael / Saint Paul

Date _____ Student's Signature _____

Parent's Signature (If student is under 18) _____

I recommend this student for the above course. Comments:

Principal's Signature _____

Date _____

SECONDARY SCHOOL USE ONLY

OEN _____

Check box if this student has an IEP ☐

Specify exceptionality