



Program Registration 2018-2019

Student Name (last, first): _____ Grade: ____ Birthdate: m ____ d ____ y ____ Age: ____

Parent Directed: CBE portion _____ % Parent portion _____ %

OR

Blended program: CBE portion _____ % Parent portion _____ %

Windsor Park classes - Tuesday: (Science / Social Studies OR cross-curricular gr. 1-5)

Thursday: (Math / Language Arts OR cross curricular gr. 1-5)

Gr. 6-9 online classes – list all subjects: _____

Parent led – list all subjects: _____

Parent Name (please print)

Parent Signature

Date (M/D/Y)

Email address

Home #

Cell #

Work #

If you would like to request a change to your child's program after submitting this form, please notify your facilitator to receive the Program Change Request form.

For Office Use Only

Intake date _____

Facilitator: _____ Teacher(s): _____

(please circle) PD PD/WP PD/Online PD/WP/Online PD/Con

CBE portion _____ % Parent portion _____ %

Within CBE: _____ Name of school	Outside CBE: _____ Name of school
<input type="checkbox"/> transfer form <input type="checkbox"/> H.E. Notification form <input type="checkbox"/> report card <input type="checkbox"/> IPP's, assessments, etc. (if applicable) <input type="checkbox"/> online course request (online blended only) <input type="checkbox"/> CBE #: _____	<input type="checkbox"/> CBE Registration <input type="checkbox"/> birth certificate / passport <input type="checkbox"/> H.E. Notification form <input type="checkbox"/> report card <input type="checkbox"/> IPP's, assessments, etc. (if applicable) <input type="checkbox"/> online course request (online blended only)

Intake Supervisor

Date

Principal

Date

_____ Added to SIRS / lists updated	_____ File requested	_____ Government code / % entered
_____ Copy to facilitator	_____ Pertinent docs on circulation	_____ Lunchroom supervision entered
_____ Acceptance email sent	_____ Volunteer Clearance for Vulnerable Sector checked	_____ Online course request completed (if applicable)