

**Pass the Test**  
**After School Literacy Program**  
**Registration / Consent Form**



**Wellington Centre for Continuing Education**  
1428 Gordon Street, Guelph, ON N1L 1C8  
Phone: 519-836-7280 Fax: 519-837-0244

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**Student Information – PLEASE PRINT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_ Date of Birth: \_\_\_\_\_ OEN \_\_\_\_\_  
Yr / Mo / Day

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Present School: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Health Concerns / Allergies: \_\_\_\_\_

**Course Information**

School Location: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Course Begins: \_\_\_\_\_ Course Ends: \_\_\_\_\_

**NO TRANSPORTATION PROVIDED** Transportation is the parent's/guardian's responsibility.

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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The above information is collected under the legal authority of the Education Act, R.S.O. 1980, c.129,s.237 and Regulation 271, Pupil Records (R.RRR.O.1980). This information will become part of the students official school record and could be accessed by supervisory officers, principals, teachers, and support staff. Queries concerning this information collection should be directed to the Principal of Continuing Education.