



**Summer Credit Recovery
Program**
Registration / Consent Form



Student Information - PLEASE PRINT

Last Name: _____ First Name: _____

Gender: _____ Date of Birth: _____ OEN: _____
Yr/ Mo / Day

Address: _____

City: _____ Postal Code: _____

Name of 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 / guardian's responsibility.

Signature of Principal: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Please return the completed form to Guidance.
If you have any questions please contact: Faith Insley - *Student Success Lead*
(519) 343-3107 ext. 311 - Faith.Insley@ugdsb.on.ca