

****Keep the Course Outline & Program Expectations in an accessible place for future reference.**

RETURN THIS PAGE TO YOUR TEACHER FOR NEXT CLASS

I have read and understood the above guidelines.

Date:

Student Name:

(please print)

Student Signature:

Parent/Guardian Name:

(please print)

Parent/Guardian Signature:

Information required for report cards:

Please do not leave the information below blank as we require it for our report cards; if you do not know the information or the correct spelling, please find out. Thank you.

School Board (Day School):

(please print)

_____ Please double check for correct spelling

Day School Name:

(please print)

_____ Please double check for correct spelling

Day School Teacher Name:

(please print)

_____ Please double check for correct spelling

Ontario Education Number:

(O.E.N.#)

_____ you can find this number on the day school report card