SCIDES Re-registration

Date: _____

A. CONTACT INFORMATION

Name:	Phone: (h) (w)
Grade:	Cell:
Mailing Address:	Email:
	Other:

B. CURRENTLY-ENROLLED COURSE PLANS:

Course Name	Continuing ✓	Quit course *(give brief reason please)*

C. COURSES BEING REQUESTED: *(course offering list @ www.scides.ca – **** include 1st assignments for requested courses**)*

Course Name	Send course **NOW** ✓ **	Send course for **SEPT** ✓	Planned for later this year ✓

D. COURSES BEING TAKEN ELSEWHERE: *(currently enrolled or planned)*

Course Name	School/Program Name	Planned Start Date

E. COUNSELLOR'S NAME IF ENROLLED IN ANOTHER SCHOOL/PROGRAM

Student and legal guardian confirm their commitment to working with SCIDES in completing the above coursework in a timely manner.

_____ _____

Student Signature Date Parent/Guardian Signature Date