# SCIDES X-enrolled Student Course Selection 2008/09

***Re-registration only***

A. STUDENT CONTACT INFORMATION

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

B. CURRENTLY-ENROLLED COURSE PLANS: *(status report attached)*

| Course Name | Continuing ✓ | Quit course *(give brief reason please)* |
|---|---|---|
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C. COURSES BEING REQUESTED: *(course offering list attached – include 1st assignments for requested courses)*

| Course Name | Send course **NOW** ✓ | Send course **SEPT 2008** ✓ | Planned for later this year ✓ |
|---|---|---|---|
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**SCHOOL OF RECORD** (School Stamp if possible)

**COUNSELLOR SIGNATURE** *(not required but recommended)* _____

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

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Student Signature Date Parent/Guardian Signature Date