



Frontier School Division Online Learning Course Registration Form 2011-2012 TERM II

STEP 1 Please complete demographic information.

NAME: _____
LAST NAME FULL FIRST NAME MIDDLE NAME

ADDRESS: _____
BOX NUMBER STREET ADDRESS

TOWN PROVINCE POSTAL CODE

SCHOOL NAME SCHOOL FAX NUMBER

PHONE: _____ **DATE OF BIRTH** _____
HOME PHONE (DAY/MONTH/YEAR)

EMAIL ADDRESS: _____ **MET NUMBER:** _____

STEP 2 Please check the course(s) you wish to take. Courses begin February 3, 2012.

	<u>Term II</u>
	Applied Math 40S
	Biology 40S
	Consumer Math 40S
	Physics 40S

STEP 3 Please date and sign contract.

I agree to complete the first module of each online course that I am registered for within 2 months of beginning the course. Failure to comply will result in my withdrawal from the course and loss of all work.

Date: _____ **Signature:** _____

STEP 4 Principal's Permission and Proctor information

I hereby give permission to _____ to enroll in WebCT courses.

PRINCIPAL'S SIGNATURE DATE

Proctor: Who will be the main school contact for this student? _____
Name e-mail

STEP 5 Please fax registration to:

**Bernadette McIntosh
Frontier School Division
Fax: (204) 258-2063**

Please note: We reserve the right to limit the numbers of registrants.