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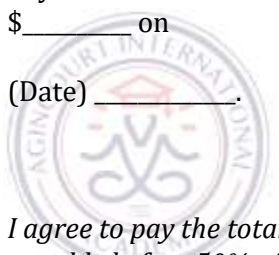
Course Registration Form

1. Personal Information		
Surname:	Given Name(s):	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		
Street #:	Street Name:	Apt #:
City:	Postal Code:	Primary Contact Phone #:
Date of Birth: YYYY/MM/DD	OEN#:	Email:
Emergency Contact (specify relation):	Emergency Contact #:	Health Card #
Birthdate Verification Document: (select one) Canadian Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Ontario Health Card <input type="checkbox"/> PR Card <input type="checkbox"/> Ontario Driver's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/>		
Country of Birth:	Status in Canada:	Arrival date if Birth Country is not Canada:
First Language:	Other Languages:	
Medical Alert Information: Please identify any pertinent medical information including allergies 		

2. Course Selection		
Course 1:	Course Code:	1st Attempt <input type="checkbox"/> Repeating <input type="checkbox"/>
Course 2:	Course Code:	1st Attempt <input type="checkbox"/> Repeating <input type="checkbox"/>
Course 3:	Course Code:	1st Attempt <input type="checkbox"/> Repeating <input type="checkbox"/>
Course 4:	Course Code:	1st Attempt <input type="checkbox"/> Repeating <input type="checkbox"/>

Please continue to Page 2 for sections 3, 4, and 5.

3. Day School Information & Approval		
Are you currently attending an Ontario Day School wherein you are a Full-Time student? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you selected NO, please ensure that you bring an official transcript at the time of registration		
Name of Day School:		
Day School Address:	Postal Code:	
Day School Phone #:	Student's Current Grade:	
Name of Day School Guidance Officer:	(If necessitated by Day School or if Student Cannot Produce Transcripts) Signature of Guidance Officer:	Date: YYYY/MM/DD

4. Payment Plan & Agreement		
Course 1 Fee:	Payment Options:	Option A <input type="checkbox"/> Option B <input type="checkbox"/>
Course 2 Fee:	Option A: Lump Sum	Option B: Monthly
Course 3 Fee:	Pay Total Amount of \$ _____ on _____ (Date) _____	Pay Total Amount of \$ _____ Over the course of _____ months At a rate of \$ _____ per month.
Course 4 Fee:	 <p><i>I agree to pay the total amount payable before 50% of the course is completed.</i></p>	<p><i>I agree to pay the total amount payable within the duration of the course.</i></p>
Registration Fee: \$25.00		
TOTAL: \$ _____		
DEPOSIT RECEIVED: \$ _____		
AMOUNT PAYABLE: \$ _____		

5. Parent/Guardian Approval & Signatures		
Terms: <i>By signing their names below, all parties agree that the information in sections 1 through 5 is true. All parties agree that should any of the information in aforementioned sections change, the parent/guardian will notify TABC swiftly to adjust his or her child's information.</i>		
Name of Parent/Guardian:	(Required only for students under 18 years of age) Signature of Parent/Guardian:	Date: YYYY/MM/DD
	Signature of Student:	Date: YYYY/MM/DD