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**Public Examination Preparation Program 2010
 16 Week Course (February 23, 2009 – June 9, 2009)**

STUDENT REGISTRATION FORM

Last Name: _____ First Name: _____

Street: _____ City/Town _____

Postal Code: _____ Telephone Number: _____

Date of Birth: _____ (year) _____ (month) _____ (day)

If student is presently attending Day School, indicate the name of the school below.

School: _____

If student is not presently attending Day School, indicate the name of the school previously attended.

School: _____

Course(s) Requested	Previous Mark Attained or Current Average
1.	
2.	

*Courses are only offered on the basis of sufficient enrolment.

Registration fee is \$160.00 per course, payable by cash, VISA, MasterCard, or debit card at the time of registration. **No cheques will be accepted.**

In the event that the course(s) for which you are registered cannot be offered, you will be notified by telephone and a refund will be provided by **contacting Brenda Hickey @758-2700.**

There will be no refunds issued after **March 5, 2010.**

Medical Condition(s): _____

Student Responsibilities:

I agree to attend the exam preparation classes regularly and obey all rules and regulations set by the teacher(s) and principal. I shall arrive to class on time with all necessary supplies, prepared for instruction. I shall complete all assigned tasks punctually. I realize that failure to comply with the above rules will result in my dismissal from classes with no refund of registration fees.

 Signature of Student

 Date