FORM : REG023

Above & Beyond Learning Experience School Program

REGISTRATION FORM

ABLE USE ONLY

Student Number:_____

OEN: _____

Entered ONSYS:_____

Please ensure you read and complete all portions of this registration form.

Student Information:

Name:_____ Sex: _____

Address: _____ City _____

Postal _____Tel:_____Cell:_____E-Mail:_____

Date of Birth: _____ Last Grade Completed: _____

Month Day Year

Last School Attended_____ District/ Province:_____

Contact Information:

Primary

Name: _____

Bus. #: (__) _____

Cell. #: (__) _____

E-mail: _____

Relationship: _____

Secondary:

Name: _____

Bus. #: (___) _____

Cell. #: (___) _____

E-mail: _____

Relationship: _____

Primary Program Enrolling in:

❑ Flex School ™ Junior Programme
❑ Flex School ™ Equine Credit
❑ Flex School ™ Secondary School
☐ Flex School ™ One Credit

Included with this Registration:

❑ Student's OSR signed ***Statement of Consent***

❑ Copy of student's last report card

❑ Copy of student's transcript

CONSENT:

I hereby give consent for _____ to earn credits through Above & Beyond Learning Experience and/or participate in the Flex School Programme for the complete duration of my term of registration. Program Administration reserves the right to dismiss any student who, in their opinion, is a hazard to the safety or rights of others in the program.

_____ _____

Student / Parent Signature

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