



**2017-18 – International
Language Secondary
Resurrection
September 16, 2017 –
June 23, 2017**

Date: _____

COURSE SELECTION FORM FOR RETURNING STUDENTS ONLY

Last Name: _____ First Name: _____

Date of Birth: (M/D/Y) ____/____/____ Phone# _____ Cell# _____

Home Secondary School: _____ OEN # _____

Please choose one course

Saturdays - 9:30 a.m. to 12:30 p.m.			
	LKB BDL – Chinese Simplified Level 1 Grade 9/10		
	LKB CUL – Chinese Simplified Level 2 Grade 11		
	LKB DUL – Chinese Simplified Level 3 Grade 12		

Authorization	
<i>I understand that after three absences I will be removed from the course. 2 significant lates will be recorded as one absence. I will be responsible for books, materials or other equipment loaned to me and I will pay for any loss or damage. There are no course changes.</i>	
Signature of student: _____	
Signature of Parent or Guardian: _____ (If student is under 18 years of age)	
Counsellor's Name: _____	Counsellor's signature: _____
<i>Note: By signing this registration, the Home School has verified the citizenship. VISA/International students must contact Margo Jones at the WCDSB office to pay fees and bring receipt to main office at St. Louis on day 1.</i>	