



OCDSB International Certificate Program



Enrollment Form – SOUTH CARLETON HIGH SCHOOL

International Certificate Advisors: Ms. J. Pattison & Mr. C. Dales

Student Name: _____ Current Grade: _____

Date of Birth (yyyy/mm/dd): ____/____/____ Country of Birth: _____

Citizenship: _____ First Language: _____

Grade 9 started in September of 20____ OEN (Ontario Ed Number): _____

Student E-Mail (please print CLEARLY): _____

Information about the *OCDSB International Certificate* is available on the OCDSB website under Programs/International/International Certificate Program, or by using the following link:
<http://www.ocdsb.ca/programs/int/Pages/ICP.aspx>

Student Enrollment:

I have reviewed and understand the requirements of the *OCDSB International Certificate Program* and wish to enroll in this program.

Signature: _____

Date: _____

Parental/Guardian Consent:

I have reviewed and understand the requirements of the *OCDSB International Certificate Program* and give consent to my son/daughter to enroll in this program.

Signature: _____

Date: _____

Please return signed copy to your school's International Certificate Advisors, (Ms. Pattison in room 29 or Mr. Dales in room 33) or simply to the main office.