

OCDSB International Languages Program 2019 Registration

*** You will receive an email confirming ILP registration. Please VERIFY that language course code and location are correct. Notify Guidance immediately if any errors.

Course Information *(Please print clearly)*

1. International Language Course requested. **ENTER COURSE CODE BELOW IN APPLICABLE BOX.**

Location: Glebe Collegiate Institute (212 Glebe Ave.)

Start/End Dates: September 7/2019 – June 6/2020

Language	Course Code

Academic Information *(Please print clearly)*

CURRENT GRADE: _____

2. Ontario Education Number (OEN)

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3. Guidance Counsellor's Name

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Full Legal Name *(Please print clearly)*

4. Full Name (First, Middle, Last)

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Contact Information *(Please print clearly)*

5. Student's Home Phone

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Student's Cell Phone

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6. Student's Email - **REQUIRED** *(Please print clearly. NO Hotmail accounts.)*

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7. Parent/Guardian's Email(s) *(Please print clearly. NO Hotmail accounts.)* Up to 2 parent emails can be submitted.

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Personal Information

8. First Language: _____ Citizenship: _____ Birth Country: _____

9. Status (citizen, perm. resident, fee-paying): _____

10. Do you have an IEP? (receive accommodations)

Are you an English Language Learner (ELL)?

(Circle) YES NO /

GIFTED: YES NO

(Circle) YES NO

Signatures

_____ Date (DD/MM/YY)

_____ Student Signature

_____ Parent/Guardian Signature