



Éducation Permanente
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**CONSEIL DES
 ÉCOLES CATHOLIQUES
 DU CENTRE-EST**
*Le meilleur conseil
 qu'on puisse vous donner*

**ELEMENTARY – INTERNATIONAL LANGUAGES PROGRAM
 2015 – 2016 REGISTRATION FORM**

SECTION 1 – To be completed by parent/guardian

<input type="checkbox"/> Summer 2015		<input type="checkbox"/> School year 2015 – 2016		<input type="checkbox"/> Summer 2016	
Language			Language School Site		
Last Name			First Name		
Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth	Y	Y	M
Day school		Grade (2015-2016)		IEP <input type="checkbox"/> Y <input type="checkbox"/> N <small>(Individual Education Plan)</small>	
Home Address				Apt/Unit	
City		Province		Postal Code	
Father's Name			Tel.		
Contact E-Mail					
Mother's Name			Tel.		
Contact E-mail					
Allergies/Medical Conditions			Medication		
Emergency Contact Name				Contact Number	

SECTION 2 – To be completed by parent/guardian

Student Photo Release Authorization

We hereby consent to the inclusion of any photographs of my/our child (as named above) in related to the International Languages Program and in the use of any photographs or videos taken as part of the ILP or school-related activities

Y N

I have read and understood the conditions of registration and I will respect the engagement.

Signature of parent/guardian		Date
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SECTION 3 – To be completed by Language Instructor

Name of ILP Language School		
Fees Collected <input type="checkbox"/> Ontario Resident fee (\$0) <input type="checkbox"/> Out of province fee		<input type="checkbox"/> Proof of OEN # (report card)
Name of Class Instructor	Name of Instructor-in-Charge	Date

SECTION 4 – To be completed by Éducation permanente Administration

<input type="checkbox"/> Formulaire complet	Admin Signature
<input type="checkbox"/> Mise à jour Trillium	Date
<input type="checkbox"/> Cote de cours _____	
<input type="checkbox"/> Complet	