



CLAREMONT'S SUMMER SESSION FOR ACADEMIC ADVANCEMENT 2016

A tradition of excellence

Date: July 4, 2016 to July 27, 2016
Time: 8:30 am to 12:30 pm weekdays
Location: Claremont Secondary School, 4980 Wesley Road
Telephone: (250) 658-5221 **Website:** www.claremont.sd63.bc.ca

Claremont Secondary School is offering students the opportunity to tackle core academic courses at the grade 11 level and Law 12. This **Summer Session for Academic Advancement** has been designed to provide enriching opportunities for academically motivated students.

Courses are open to all students working towards their BC Dogwood Graduation Certificate.
Fee paying **International Students** pay a course fee which must be paid in full before course starts.

- Students will experience the challenge of a fast-paced curriculum in a collaborative learning environment.
- Students must have the prerequisite course at the grade 10 level.
- Courses are designed to cover the full curriculum as offered in a fall, or winter session course. Students attend 72 hours of classroom instruction and complete 38 hours of online activity.
- Students can only take one (1) course during this summer session.
- Applications will not be accepted without this form completed in full.

The following courses are offered: **please select ✓ only one course.**

- ☐ English 11 ☐ Biology 11 ☐ Chemistry 11 ☐ Physics 11
- ☐ Law 12 ☐ Social Studies 11 ☐ Pre-Calculus 11 ☐ Recreational Leadership

We reserve the right to limit the size and number of classes.

*If the class you have registered for is **FULL** or **CANCELLED** you will be contacted by telephone and offered the choice of registering in another course.*

Present Grade _____ **Present School** _____ **School Next Year** _____

PERSONAL INFORMATION: please print clearly **BC Personal Education Number (PEN) if known:** _____

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	LEGAL Family Name	LEGAL First Name	LEGAL Middle Name	No Legal Middle Name <input type="checkbox"/>
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)		PREFERRED Middle Name (if different)
Birth Date ____ - ____ - ____ dd mmm yyyy		Age ____	For Office Use Only PROOF OF LEGAL NAME & AGE <input type="checkbox"/> BC Identification <input type="checkbox"/> Court Order <input type="checkbox"/> INAC Status Card <input type="checkbox"/> Vital Statistics Documents	
Home Phone ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Documents <input type="checkbox"/> Permanent Resident Card	
Home Address Street No. Street Name Apt. No.		City	Prov BC	Postal Code
For Office Use Only PROOF OF ADDRESS <input type="checkbox"/> Credit Card Invoice <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill				
Mailing Address if different from Home Address Street No. Street Name		Apt. No.	City	Prov Postal Code

BIRTHPLACE Country of Birth: _____ Prov. of Birth: _____		For Office Use Only - CITIZENSHIP <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International Funding Not Eligible		Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other _____ (specify): _____	
<input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN			<input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN		
Last Name		First Name		Last Name	
Address (if not living with student)		Address (if not living with student)			
Work Phone ()	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()	Ext / Local
Home Phone ()	Unlisted	<input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone ()	Unlisted
Cell Phone ()	Pager			Cell Phone ()	Pager
Email Address		Email Address			

EMERGENCY CONTACTS - If parents cannot be reached First Contact (First and Last Name)		Relationship to student	Home Phone ()
			Cell Phone ()
			Work Phone ()
Second Contact (First and Last Name)		Relationship to student	Home Phone ()
			Cell Phone ()
			Work Phone ()

Family Doctor's Name	Doctor's Phone ()	STUDENT'S CARE CARD NO
HEALTH FACTORS Check if applicable <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Additional Information: _____ _____		Are any of these conditions LIFE THREATENING? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____
Other Health Conditions which may require emergency care – please specify. <input type="checkbox"/> The student requires medication to be administered during school hours for one month or longer . Please contact school staff to discuss and to plan. Name of Medication(s) _____		

SPECIAL LEARNING CONSIDERATIONS _____ _____	Ministry Designation - Special Needs Category (if known): _____
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I certify that the above information is correct and valid as of _____



Date

Signature of Parent or Legal Guardian

Student Activity Fee - \$20.00: This is a fee used to offset costs related to text replacement/repair, materials and photocopying.

☐ I decline payment ☐ I will pay \$20.00 activity fee **Please Note:** You have the option to decline payment without question.

International Fee Paying Students: The cost of \$750.00 to be paid in full at time of registration.

Method of Payment: ☐ Cash ☐ Cheque ☐ Debit ☐ Visa ☐ Mastercard

All Cheques must be made payable to: School District #63

FOR OFFICE USE ONLY					
Student No.	School No.	School Name	Address Verified <input type="checkbox"/> Yes	Teacher	
Payment Activity Fee \$20.00 _____ International Fee Paying \$750.00 _____ Amount Received \$ _____ Initial _____ Date _____		Program Type <input type="checkbox"/> Regular <input type="checkbox"/> International		Catchment <input type="checkbox"/> SD 63 Student <input type="checkbox"/> SD 63 International <input type="checkbox"/> International not SD63 <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Canadian Citizenship	Copies for file: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested
Admission Date: _____-_____-_____ dd mmm yyyy		First Date of Attendance (if different) _____-_____-_____ dd mmm yyyy			