



## 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): _____
<b>Student E-Mail (please print CLEARLY):</b> _____	

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 9) or simply to the Main Office.**