



Enrollment Form

Name				Grade		Sex	
Preferred Name		Preferred Pronouns		Date of Birth YY/MM/DD			
Are you an OCENET International Student studying in Ottawa for a year or longer?							
School				Graduating in June, 202____			
Email address							
How did you find out about the ICP?							

I have reviewed and understand the requirements of the <i>OCDSB International Certificate Program</i> and wish to enroll in this program.	
Student signature	Date

Parental/Guardian Consent

	I have reviewed and understand the requirements of the <i>OCDSB International Certificate Program</i> and give consent to my son/daughter to enroll in this program.
	I give permission for my child to be photographed, videotaped, or interviewed for OCDSB or OCENET publications related to the International Certificate Program.
Parent / Guardian Signature	Date

Please give / take a photo of and send this to your [school's ICP Advisor](#) or to Sean Oussoren, International Education Coordinator sean.oussoren@ocdsb.ca

More information about the *OCDSB International Certificate Program* is available at www.ocdsb.ca/icp.