

ELEARNING REGISTRATION 2018-2019

NAME: _____
GRADE: _____
ADDRESS/P.CODE: _____
HOME PHONE: _____
STUDENT EMAIL: _____
BIRTH DATE: _____
PARENT NAME: _____
PARENT EMAIL: _____
OEN NUMBER: _____ IEP

GRADE	COURSE TITLE For course descriptions visit www.myblueprint.ca	COURSE CODE	SELECT	Office Space
10	Media Arts	ASM 2OE	<input type="checkbox"/>	
11	Health for Life	PPZ 3CE	<input type="checkbox"/>	
12	Legal Studies	CLN 4CE	<input type="checkbox"/>	
	English	ENG 4UE	<input type="checkbox"/>	
	Studies in Literature	ETS 4UE	<input type="checkbox"/>	
	Designing Your Future	GWL 3OE	<input type="checkbox"/>	
	Human Development Throughout the Lifespan	HHG 4ME	<input type="checkbox"/>	
	Personal Life Management	HIP 4OE	<input type="checkbox"/>	
	Challenge and Change in Society	HSB 4ME	<input type="checkbox"/>	
	World Cultures	HSC 4ME	<input type="checkbox"/>	
	Ontario Secondary School Literacy Course	OLC 4OE	<input type="checkbox"/>	

We have read the eLearning Information Brochure and understand the expectations and responsibilities of the eLearning student. We also understand that submitting this registration form does not guarantee registration in the course. This online course will be part of the 8 courses selected this year and cannot be a 9th course.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Date received in Guidance: _____ Initial: _____