

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	SEMESTER	SELECT
10	Media Arts	ASM2OE	1	<input type="checkbox"/>
11	Health for Life	PPZ3CE	1	<input type="checkbox"/>
	Health for Life	PPZ3CE	2	<input type="checkbox"/>
	Designing Your Future	GWL3OE	2	<input type="checkbox"/>
12	Legal Studies	CLN4CE	2	<input type="checkbox"/>
	University English	ENG4UE	2	<input type="checkbox"/>
	Studies in Literature	ETS4UE	2	<input type="checkbox"/>
	Personal Life Management	HIP4OE	2	<input type="checkbox"/>
	Human Development Throughout the Lifespan	HHG4ME	2	<input type="checkbox"/>
	Challenge and Change in Society	HSB4UE	1	<input type="checkbox"/>
	World Cultures	HSC4ME	2	<input type="checkbox"/>
	Ontario Secondary School Literacy Course	OLC 4OE	2	<input type="checkbox"/>

We have read the eLearning Information Brochure (available on the Jean Vanier website) 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: _____