Elearning Registration

OEN ___ ___ ___ Date _____

First Name _____

Last Name _____

Home phone ___ ___ ____

Email _____

Birth date

Birth country _____

Birth province _____

Are you a Canadian citizen? ☐ Yes ☐ No

If NO, what country are you a citizen of? _____

Address _____

City _____

Postal Code ___ ___

Do you have an IEP? ☐ Yes ☐ No

What course(s) and semester are you interested in?

Course	Semester
_____	____
_____	____
_____	____

CLARINGTON CENTRAL SECONDARY SCHOOL

CARING COMMUNITY FOR STUDENT SUCCESS