

# REGISTRATION FORM



## Specialist High Skills Major – Health and Wellness

**Personal Information:** *Please print neatly and provide the information below.*

Legal Name: \_\_\_\_\_  
Surname First Name Middle Initial

Current School: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Which pathway do you plan to pursue?** *(Please check one.)*

- Apprenticeship Training     Workplace     College     University

**Are you currently enrolled as an OYAP student?**  Yes  No

**Have you taken or are you currently enrolled in any Dual Credit courses?**  Yes  No

If yes, please provide details: Course Code \_\_\_\_\_ Course Name \_\_\_\_\_

Currently enrolled:  Yes  No

Completed:  Yes  No If yes, provide date of completion: \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Print name (Student)

\_\_\_\_\_  
 Print name (Parent/Guardian)

\_\_\_\_\_  
 Date

Once you have completed the Registration Form, please submit it to the Guidance Department at your school for processing. A member of the SHSM team will be in contact with you shortly to set up your file and get you started on your journey to success.

*In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is being collected under the authority of the Education Act and will be used to register students in a Specialist High Skills Major. For more information, please contact the Principal.*

***Congratulations on choosing an exciting future!***

School Contact Information: