

2011 - 2012
SECONDARY LITERACY & NUMERACY
REGISTRATION FORM

School Name : Cardinal Ambrozic C.S.S.

- | | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Grade 9 Literacy |
| <input type="checkbox"/> | Grade 9 Numeracy |
| <input checked="" type="checkbox"/> | Grade 10 Literacy |
| <input type="checkbox"/> | Grade 10 Numeracy |

Male: _____ Female: _____

Last Name: _____ First Name: _____

Home Address: _____ Apt / Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone #: Home _____ Work _____ Cell _____

Principal Recommendation: _____

Parent / Guardian Signature: _____

Municipal Freedom of Information and Protection of Privacy Act, 1989: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c.129 and Health Cards and Numbers Control Act, 1991. Questions regarding this collection of personal information should be directed to: Adult and Continuing Education, 870 Queen Street West, Suite 100, Mississauga, Ontario L5H 4G1.



Dufferin-Peel Catholic District School Board
Adult and Continuing Education
870 Queen Street West, Suite 100
Mississauga, Ontario L5H 4G1
Phone: 905 891-9263 Fax: 905 271-9060

**THIS FORM MUST BE SUBMITTED TO ADULT AND
CONTINUING EDUCATION AT THE COMPLETION
OF THE PROGRAM.**