



EduTravel for Credit Program

Registration Application March Break and Summer, 2011

STUDENT INFORMATION

(PLEASE PRINT CLEARLY)

NAME: _____ M F
SURNAME GIVEN NAME

ADDRESS: _____

CITY: _____ PROVINCE: _____

TELEPHONE: (_____) _____ CELL: (_____) _____

CITIZENSHIP: _____ PASSPORT NO.: _____ EXPIRY DATE: ____/____/____
DD MM YY

EXPIRY DATE: ____/____/____ PLACE OF BIRTH: _____
DD MM YY

EMAIL: (PRIMARY) _____ (SECONDARY): _____

DIETARY RESTRICTIONS OR SPECIAL NEEDS:

PARENT/GUARDIAN INFORMATION

(PLEASE PRINT CLEARLY)

NAME: _____
SURNAME GIVEN NAME

TELEPHONE: (_____) _____ CELL: (_____) _____

EMAIL: (PRIMARY) _____ (SECONDARY): _____

ACADEMIC INFORMATION

(PLEASE PRINT CLEARLY)

SCHOOL: _____ CITY/TOWN: _____

CITY/TOWN: _____ GRADE: _____ OEN #: _____

SCHOOL ADDRESS: _____

GUIDANCE COUNSELLOR NAME: _____

Please send an official transcript and/or current credit counselling summary with your application.

