



## Non-NSA Student Course Registration Form 2024/25

### STUDENT INFORMATION

Legal First Name:

Last Name:

Preferred Name (if different than above):

Gender:

Male

Female

Non-specified

Birth date: (DD/MM/YY)

Address:

City:

Province:

Postal Code:

Student Cell #:

Student Email Address:

School Currently Attending:

Current Grade:

OEN Number:

Does the student have an IEP?

No

Yes – please attach

### PARENT/GUARDIAN INFORMATION

**PRIMARY CONTACT** (parent/guardian 1)

Email Address:

First name:

Last name:

Address: same as applicant

Cell Phone:

**CONTACT** (parent/guardian 2)

Email Address

First Name:

Last name:

Address: same as applicant or above

Cell Phone:

### Health History

Does the student have any medical conditions we should be aware of? Yes No

If yes, please list:

Does the student have any allergies? No

Yes

If yes, list allergen(s):

**Anaphylaxis?** Yes No

Student has a potentially life-threatening allergy to:

Please turn over



I (print parent/guardian name) \_\_\_\_\_ give NSA permission to administer emergency first aid treatment as necessary to my son/daughter.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

By signing this form, I understand that my child will have to abide by NSAs Code of Conduct, and health and safety expectations while on NSA property.

### Course Selection

<b>Summer Academic Block</b> <b>Aug 12-30/24</b> <b>*Synchronous; online</b>	<b>Grade 11 English ENG3U</b>	
*Courses are scheduled 3:30-6 pm		
<b>Fall Academic Block</b> <b>Sept 30 – Nov 26/24</b> <b>*3:30-6 pm; in-person</b>	<b>Grade 11 Functions MCR3U</b>	
	<b>Grade 12 Biology SBI4U</b>	
<b>Winter Academic Block</b> <b>Jan 6 – Mid March/25</b> <b>*3:30-6 pm; in-person</b>	<b>Grade 11 Chemistry SCH3U</b>	
	<b>Grade 12 Calculus &amp; Vectors MCV4U</b>	
<b>Spring Academic Block</b> <b>Early April – Mid June/25</b> <b>*3:30-6 pm; in-person</b>	<b>Grade 11 Visual Art AVI3M</b>	
	<b>Grade 11 Biology SBI3U</b>	
	<b>Grade 12 Physics SPH4U</b>	
	<b>Grade 12 Visual Art AVI4M</b>	

### Payment

Payment due upon registration

Fee: \$1,000 per course

#### Payment Method

E-transfer to [ctolles@nsa.on.ca](mailto:ctolles@nsa.on.ca)

Cheque (payable to National Ski Academy)

Visa/Mastercard (2.4% fee applies)

\*Please call NSA (705-444-1617) w/ credit card details

Looking for more info or have a completed registration form to send in?

Please contact Head of School, Tobin Walsh: [twalsh@nsa.on.ca](mailto:twalsh@nsa.on.ca)