



Non-NSA Student Course Registration Form

STUDENT INFORMATION

Legal First Name:

Last Name:

Preferred Name (if different than above):

Gender: *circle one*

Birth date: (DD/MM/YY)

Male Female Non-specified

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 not applicable

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? No Yes

Student has a potentially life-threatening allergy to:

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

Summer Academic Block		
Aug 12-30/24 *Synchronous	Grade 11 English ENG3U	<input type="checkbox"/>
*Courses are scheduled 3:30-6 pm		
Fall Academic Block Sept 30 – Nov 26/24 *3:30-6 pm	Grade 12 Biology SBI4U	<input type="checkbox"/>
	Grade 11 Functions	<input type="checkbox"/>
Winter Academic Block Jan 6 – Mid March/25 *	Grade 12 International Business BBB4M	<input type="checkbox"/>
	Grade 12 Calculus & Vectors MCV4U	<input type="checkbox"/>
Spring Academic Block Early April – Mid June/25	Grade 11 Visual Art AVI3M	<input type="checkbox"/>
	Grade 11 Biology SBI3U	<input type="checkbox"/>
	Grade 12 Physics SPH4U	<input type="checkbox"/>
	Grade 12 Visual Art AVI4M	<input type="checkbox"/>