



**HALTON CATHOLIC DISTRICT SCHOOL BOARD
CONTINUING EDUCATION SERVICES**



**INTERNATIONAL LANGUAGES PROGRAM
REGISTRATION FORM**

September – June

Summer Program

International Languages Program _____ Location _____

Student Name _____ Date of Birth _____
Last Name First Name

Address _____ Postal Code _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ E-mail Address _____

Father's Name _____ Mother's Name _____

Emergency Contact _____
Name Telephone Number

Medical Concerns _____

Day School _____ Grade _____

This student has attended International Languages classes for _____ years.

Language(s) used at Home _____

Activity Fee \$ _____

Parent's Signature _____ Date _____

Lead Instructor's Signature _____ Date _____