

YCDSB & YRDSB Dual Credit Registration 2017-2018



FORM MUST BE COMPLETED ELECTRONICALLY
Date of Birth MUST be in the format outlined below.

Male
 Female
 Other

Legal Last Name Legal First Name (no nicknames or short forms) Legal Middle

Street, RR. Or Box Address Town/City Postal Code

Student Cell Phone Number Home Telephone Number Date of Birth (Day/Month/Year)

Email Address Student's Ontario Education Number (OEN)

Secondary School Full Name & Location School Board

Please check this box if you have attended Georgian College in the past.

Semester 1 Dual Credits – Select yours with a check in the box beside the credit.

Location & CRN	Course Name	X
St. Maximilian Kolbe Catholic High School – CRN 20407	Lifestyle Management GNED2028	

A Freedom of Information form must be completed before any marks are released to your secondary school or credit granted by the college. FOI forms will be supplied in class.

Office Use Only: Georgian College Student Number: _____ School Mident Number: _____