

St. John's, NL A1B 1R6 Tel: (709) 758-2372 Fax: (709) 758-2706 Web site: www.nlesd.ca

#### **Student Information**

#### 2017 Public Exam Preparation Classes

The Newfoundland and Labrador English School District will be offering a 48 hour Public Exam Preparation Program (Night School) from **February to June 2017**. This program will be offered twice a week, with classes on either **Tuesday (Math and Science) or Wednesday (English and Social Studies)** evenings at Gonzaga High School, Smithville Crescent, St. John's. There will be no classes over Easter week and any sessions missed due to inclement weather will be made up throughout the program.

Electronic Registration will be open from Monday, February 6th, 9:00 am to Friday, February 10<sup>th</sup>, 4:00 pm. Participants can register by completing the registration form below and emailing to <u>nicoleconstantine@nlesd.ca</u>

If the course being requested is NOT OFFERED, students will be contacted via telephone at the number given below by 4:00 pm on Tuesday, February 14<sup>th</sup>. Furthermore, a list of the courses being offered in the program will be posted to the nlesd.ca website before the start of classes on February 14<sup>th</sup>.

Participants will be required to pay the required fee of \$185.00 per course on either Tuesday, February 14<sup>th</sup> or Wednesday, February 15<sup>th</sup>, if the course being requested has sufficient enrolment to be offered. Cash/Debit/Visa/Mastercard will be available. No cheques accepted. No refunds will be issued after Friday, March 3, 2017.

For further information please call Nicole Constantine at 758-2704.

Registration Form on page below.

## STUDENT REGISTRATION FORM

# Public Examination Preparation Program (Night School) 2017 48 hour program (February 14/15, 2017 to June 6/7, 2017)

## STUDENT REGISTRATION FORM

Last Name:	First Name:	
Street:	City/Town	
Postal Code:		
Telephone Number (Dayti	ime and Cell):	
Date of Birth: (day)	(year)	(month)
lf student <u>is presently atte</u> school below.	ending Day School, i	ndicate the name of the
School:		
If student is <u>not</u> presently location of the last schoo		ol, indicate the name and
School:		
Course(s) Requested	Previous Mark A Current Ave	
1.		
2.		
*As noted above, courses are only offered on the basis of sufficient enrolment.		
Registration fee is <b>\$185.00</b> debit card during the night o		oy cash, VISA, MasterCard, or heques will be accepted.
Medical Condition(s):		
Student Beeneneihilities		<del></del>
Student Responsibilities: I agree to attend the exam presegulations set by the teacher all necessary supplies, prepare punctually. I realize that failure dismissal from classes with necessary	eparation classes regula (s) and principal. I will red for instruction. I will e to comply with the abo	arrive to class on time with complete all assigned tasks
Signature of Student:		Date:
Form to be signed during p	ayment of registration	fee
Participants can register nicoleconstantine@nlesd	•	pleted form to
For Office Use: Receipt #		Type of Payment:
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