



Education and Early Childhood Development

# Correspondence Study Program Enrollment Approval

\*NOTE: You cannot submit this form online.

## Student/Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_

Phone (home)      -      -      Cell      -      -      Postal Code \_\_\_\_\_

Date of Birth (mm/dd/yyyy)      /      /      Age \_\_\_\_\_ Fax      -      -      \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## School Boards / Agency Approval Payment (if required)

**School Board/ Agency:** Please complete the following section indicating that you agree to pay part or all of the student's costs the Correspondence Study Program.

School board / Agency name and address for billing \_\_\_\_\_ Phone      -      -      \_\_\_\_\_

Correspondence Course (s)	Cost	Textbook (s)	Cost
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Name of authorized official (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## Enrollment Approval for students currently in school or homeschooled

Principal, guidance counsellor, or regional education officer for home schooling: Please complete the following section indicating that you approve for this student's enrollment in the Correspondence Study course(s) requested.

Name of School \_\_\_\_\_

Name of authorized official (please print) \_\_\_\_\_ Phone      -      -      \_\_\_\_\_

Course Required \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Reason for enrollment in the Correspondence Study Program (please check):

- |   |   |
|---|---|
| <input type="checkbox"/> courses not available in the school the student is attending | <input type="checkbox"/> not attending school   |
| <input type="checkbox"/> requires course(s) to graduate                               | <input type="checkbox"/> disability (please specify and provide written documentation from a health professional) |
| <input type="checkbox"/> illness  | _____   |
| <input type="checkbox"/> other (please specify) _____                                 |   |

## Contact Information

### Mailing Address

Correspondence Study Program  
Nova Scotia Department of Education and  
Early Childhood Development  
P.O Box 578  
Halifax NS B3J 2S9

### Office

Brunswick Place, 2021 Brunswick Street, 2nd Floor  
Halifax NS B3K 2Y5  
Office hours: 8:30am to 4:30pm Monday through Friday (except holidays)  
Closed: 12:30pm to 1:00pm each day  
Phone: 902-424-4054 Fax 902-428-5828  
<http://csp.ednet.ns.ca>