



Education and Early Childhood Development

Correspondence Study Program Enrollment Form

NOTE: You cannot submit this form online. You can fill it in and save or print it.

<input type="checkbox"/> Office Use	<input type="checkbox"/> Billing	Date	<input type="text"/>
<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	Receipt #	<input type="text"/>
<input type="checkbox"/> M/O	<input type="checkbox"/> M/C	Amount \$	<input type="text"/>
<input type="checkbox"/> Interac	<input type="checkbox"/> Cash		

Student/Personal Information

Name _____

Address _____ Apt/Suite _____

City/Town _____ Province _____

Phone (home) - - Cell - - Postal Code _____

Male Female Age _____ Date of Birth (mm/dd/yyyy) / /

Email _____ Fax - -

Student Signature

Signature _____ Date _____

Educational Status (Grade 7 - 12)

<u>Choose One:</u>	<u>Type of Approval Required</u>	Current/last public school attended
attending public school (any age)	- school administration	City _____ Province _____
not attending public school (+16)	- none	Highest grade completed _____
home schooling or under 16 and out of school	- regional education officer (must register for home schooling)	In what year? _____

Have you ever been enrolled in Nova Scotia Correspondence Study Program before? Yes No

If yes, what was your Correspondence student number? _____

Payment (list courses, texts, and payment)

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

Fee Totals: Courses \$ _____ Textbooks \$ _____ Out of Prov. \$ _____ TOTAL \$ _____

Method of Payment - Payment by debit or cash in person only

Personalized Cheque (payable to "Minister of Finance")	Visa	Interac*	Submitted by
Money Order (payable to "Minister of Finance")	MasterCard	Cash*	
* Payment to our office in person only*			(Fax not accepted)

Credit Card Information (Visa and MasterCard only): Name as shown on credit card _____

Card Number _____ Expiry Date / _____ CVV Number _____

Cardholder address (if different from student address) _____

Phone / / _____ Cardholder signature (original only - no copies) _____

Do you have any disability or injury we should know about? Yes No If yes, please explain.

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 for the Correspondence Study Program. (Attach sheet for additional courses).

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

Fee Totals: Courses \$ _____ Textbooks \$ _____ Out of Prov. \$ _____ TOTAL \$ _____

School board / Agency name and address for billing _____
Phone - -

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. 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) _____ | _____ |

Name of School _____ Address _____
Phone - -

Name of authorized official (please print) _____
Authorized Signature _____ Date _____

Mailing Address

Correspondence Study Program
Learning Resources and Technology Services
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)

* For Schools Only*

Phone	Fax	Internet
(902) 424-4054	(902) 428-3176	http://csp.ednet.ns.ca

Important Information

To avoid delay

Complete all sections in full and ensure you have proper approval (if required). If any portion of the relevant information is left blank, the application will be returned for completion. Student Signatures: Enrollment form must have original signature. Faxed signatures will not be accepted. Forms with payment must be mailed or delivered in person.