



ON-LINE SUMMER SCHOOL REGISTRATION FORM

Please **Print** and fill out and **Fax** to: 403-335-9513 or **Email** to: cdninfo@nsaschool.ca

STUDENT INFORMATION						
Last Name	First Name	Middle Name	Alberta Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother's First Name	Father's First Name:	Parents Work/Cell #:	Birthdate: M/D/Y	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Alberta Learning ID #		Home phone : ()	
Shipping/Billing Address:		City:	Province:	Postal Code:		
Registered with another school: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School Attended:	Grade:	Email:		
SUMMER SCHOOL COURSE SELECTION						
Applied Math	<input type="checkbox"/> 10	<input type="checkbox"/> 20				
Math	<input type="checkbox"/> 14	<input type="checkbox"/> 24				
Socials	<input type="checkbox"/> 10-1	<input type="checkbox"/> 10-2	<input type="checkbox"/> 20-1	<input type="checkbox"/> 20-2		
English	<input type="checkbox"/> 10-1	<input type="checkbox"/> 10-2	<input type="checkbox"/> 20-1	<input type="checkbox"/> 20-2		
Science	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 24			
Chemistry	<input type="checkbox"/> 20					
Biology	<input type="checkbox"/> 20					
CALM	<input type="checkbox"/> 20					
Physical Education	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30			
Work Experience	<input type="checkbox"/> 15	<input type="checkbox"/> 25	<input type="checkbox"/> 35			
CTS Courses available upon request in Information Processing, Agriculture, Tourism and Community Health. Contact the office for further information on these courses.						
FEES						
\$95.00 Registration Fee if NOT registered with NSA _____						
\$10.00/course TUM fee for ALL students _____ courses @ \$10/each _____						
\$10.00 Flat Rate Shipping Fee (n/c if picked up at our office) \$10.00						
\$15.00 Packaging & Handling Fee (n/c if picked up at our office) \$15.00						
TOTAL AMOUNT PAYABLE TO NORTHSTAR ACADEMY CANADA: _____						
Credit Card Information: <i>If you prefer, you can phone in your MasterCard or Visa number to 1-877-335-1171 or 1-403-335-9587</i>						
<input type="checkbox"/> M/C <input type="checkbox"/> Visa Name on Card: _____ Card Number: _____ Expiry: Month ____ Year _____						
Applications are processed after registration fees have been received by our office. Registration deadline is June 25th. Early start date is June 25th. Course start date is July 2nd. You <u>must</u> complete all courses and exams by July 30th in order to receive credits.						
Our mailing address for cheques is as follows: NorthStar Academy Canada, Box 1405, Didsbury, Alberta T0M 0W0						
If you are NOT registered with NorthStar Academy or have NOT taken any courses with us previously, a copy of your Birth Certificate is required with your application.						
Parent's Signature: _____						

For Office Use Only:

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| <input type="checkbox"/> Credit Card expiry | <input type="checkbox"/> Supervisor has ID |
| <input type="checkbox"/> Request User ID's | <input type="checkbox"/> Email teachers |
| <input type="checkbox"/> Textbook & Materials List | <input type="checkbox"/> Email Ronald to contact new families |
| <input type="checkbox"/> Course List with Teacher's Names | <input type="checkbox"/> Summary Statement (TUM, s/h, reg fee) |
| <input type="checkbox"/> Order textbooks needed | <input type="checkbox"/> Diploma Fees for rewrites or Int'l students |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Diploma Keys Fee |
| <input type="checkbox"/> SIRS courses & Multi-Com | <input type="checkbox"/> CMI for Gr 11/12 |