



Rosseau Lake College

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Summer Academy Registration Form 2010

Please complete both pages of this form. Payment is due in full with this registration form.

Student Information (please print clearly)

Last Name: _____ First: _____ Initial: _____

Home Address: _____

City: _____ Province/State: _____ Country: _____

Summer Address: _____ Town: _____

Summer phone number: _____ Postal Code: _____

Date of Birth:(D/M/Y) _____ Male: _____ Female: _____

Email Address: (*Please print clearly*) _____

Parent/Guardian Information

Last Name: _____ First: _____ Initial: _____

Day-Time Phone: _____ Home Phone: _____

Email Address: _____

Student's Current School

Name: _____ Street: _____

City: _____ Province/State: _____

Country: _____ Postal Code/Zip: _____

Phone: _____ Student's Current Grade: _____

School for September 2010: _____ Grade: _____

COURSE SELECTION

Course: _____ Code: _____ Repeat for higher mark? Yes _____ No _____

Declaration for Credit Courses

The student named on this registration form will have successfully completed the necessary prerequisites for the credit course selected. *Include student's report card or transcript as proof of prerequisite.*

Principal's (or designate's) Name: _____ Signature: _____

Student's Ontario Education Number (OEN): _____

** OEN # is required information – without this number application and enrollment cannot be confirmed

