

ALBERT CAMPBELL C.I.
SUMMER LEARNING PROGRAM
JULY 4TH – 28TH, 2017
8:45 A.M. – 3:30 P.M.

Student's Last Name: _____ Student's First Name: _____

Student Number: _____ Date of Birth: _____ Male ___ Female ___

Address: _____ Apt: _____ City: _____ Postal Code: _____

Home Phone Number: _____ Alternative Phone Number: _____

Name of Parent/Guardian: _____ Telephone: _____

Name of Emergency Contact: _____ Telephone: _____

Name of Current School: _____ Applicant's Signature _____

Signature of Parent/Guardian (for students under 18 years of age): _____

COURSE SELECTION FOR CURRENT GRADES 9 – 12 STUDENTS
(please choose only one of the following options)

Course Name	Course Code	✓	
OSSLT Requirement	OLC40		
Civics / Careers	CIV/CAR		
Leadership Development - Grade 11	GPP30		
Leadership Development – Grade 12	PLH4M		
Grade 12 English	ENG4U		
Credit Recovery of Failed Courses <i>(please list below the courses you would like to recover)</i>			
Recovery Course #1	Recovery Course #2	Recovery Course #3	Recovery Course #4

Once completed and signed, please return this application form to Sherine Richards at Albert Campbell Collegiate (Main Office) no later than Thursday, June 1st.

**For further information please contact Carol Richards-Sauer at
416-396-6684 ext. 20010.**

Thank you.