

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

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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**

Course Name	✓ Gifted Program	✓ Enriched Program	✓ Regular Program
Non-Credit Literacy for Reach-Ahead and Support			
Non-Credit Numeracy for Reach-Ahead and Support			

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

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

**Thank you.**