E-Learning Application
North Addington Education Centre

Fill out the following application and return to Student Services by June 1.

Name: _____   Grade: _____

Address: _____   Postal Code: _____

_____

Phone: _____

Date of Birth: _____   Email: _____

Parent Name: _____   Parent Email: _____

Parent Phone : _____

Course Selection

Semester 1:

Course Name: _____

Course Code: _____

Semester II:

Course Name: _____

Course Code: _____

Parent Signature: _____

Date: _____

OEN: _____   Student Services