



Enrollment Form

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|--|--|---|--|--------------------------------|--|--------|--|
| Student Name | | | | Grade | | Gender | |
| Date of Birth (yyyy/mm/dd) | | School | | Country of Birth | | | |
| Citizenship | | | | First Language | | | |
| School | | Grade 9 started in September of 20____ | | OEN (Ontario Education Number) | | | |
| Email address | | | | | | | |
| <p>More information about the OCDSB International Certificate Program is available here or by searching OCDSB ICP.</p> | | | | | | | |

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| I have reviewed and understand the requirements of the OCDSB International Certificate Program and wish to enroll in this program. | |
| Student Signature: | Date: |

Parental/Guardian Consent

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|------------------------------|--|
| | I have reviewed and understand the requirements of the OCDSB International Certificate Program and give consent to my son/daughter to enroll in this program. |
| | I give permission for my child to be photographed, videotaped, or interviewed for OCDSB or OCENET publications related to the International Certificate Program. |
| Parent / Guardian Signature: | Date: |

Please return a signed copy to your school's International Certificate Advisor or contact Sean Oussoren sean.oussoren@ocdsb.ca if you don't know who your advisor is.