



# OCDSB International Certificate Program



## Enrollment Form – A.Y. JACKSON SECONDARY SCHOOL

International Certificate Advisor: **Mr. R. Barter**

Student Name: _____	Current Grade: _____
Date of Birth (yyyy/mm/dd): _____ / _____ / _____	Country of Birth: _____
Citizenship: _____	First Language: _____
Grade 9 started in September of 20 _____	
<b>Student E-Mail (please print CLEARLY):</b> _____	

Information about the *OCDSB International Certificate* is available on the OCDSB website under Programs/International/International Certificate Program, or by using the following link:  
<http://www.ocdsb.ca/programs/int/Pages/ICP.aspx>

### Student Enrollment:

I have reviewed and understand the requirements of the <i>OCDSB International Certificate Program</i> and wish to enroll in this program.	
Signature: _____	Date: _____

### Parental/Guardian Consent:

I have reviewed and understand the requirements of the <i>OCDSB International Certificate Program</i> and give consent to my son/daughter to enroll in this program.	
Signature: _____	Date: _____

**Please return signed copy to AYJ's International Certificate Advisor, Mr. Barter in office 115.**