

Summer School

Application



Name: _____ Telephone: _____

Mailing address: _____

City: _____ Postal Code: _____

School Attending	Course	Select an option:
		<input type="checkbox"/> Saskatoon Public Schools Online <input type="checkbox"/> Saskatoon Catholic Virtual Cyber School <input type="checkbox"/> Other, please indicate below: _____ _____

Declaration of Student:

I hereby certify that I meet the eligibility criteria for the Summer School Program.

Student Signature

Date

Verification of the School:

Career Transition Teacher

Date

Principal

Date

Final Approval:

Superintendent of Curriculum and Instruction

Date

Upon evidence of successful completion, Northern Lights School Division #113 will reimburse the cost of the course. Original receipts are forwarded to the Superintendent of Curriculum and Instruction for processing.

Final Reimbursement amount = \$ _____

Date _____

Also see:

AP249 SUMMER SCHOOL