



95 Elizabeth Avenue  
St. John's, NL  
A1B 1R6  
Tel: (709) 758-2372  
Fax: (709) 758-2706  
Web site: [www.nlesd.ca](http://www.nlesd.ca)

---

### **Student Information 2017 Public Exam Preparation Classes (6 week)**

The Newfoundland and Labrador English School District will be offering a 6 week Public Exam Preparation Program from **May 1, to June 7, 2017**. This program will be offered twice a week, with classes on **Monday and Wednesday** evenings **7:00 to 10:00 pm** at **Gonzaga High School, Smithville Crescent, St. John's**.

For this session we will be offering the following classes:

**Math 3200**  
**Math 3201**  
**Physics 3204**

Electronic Registration will be open from Monday, April 24<sup>th</sup> until Friday, April 28<sup>th</sup> 4:00 pm. **Participants can register by completing the form below and emailing to [nicoleconstantine@nlesd.ca](mailto:nicoleconstantine@nlesd.ca)**

**If the course being requested is NOT OFFERED, students will be contacted via telephone at the number given below by 4:00 pm on Monday, May 1st, 2017**

Participants will be required to pay the required fee of **\$150.00 per course** on either Monday, May 1<sup>st</sup> or Wednesday, May 3<sup>rd</sup>, if the course being requested has sufficient enrolment to be offered. Cash/Debit/Visa/Mastercard will be available. **No cheques accepted. No refunds will be issued after Friday, May 12, 2017.**

For further information please call Nicole Constantine at 758-2704.

**STUDENT REGISTRATION FORM**  
**Public Examination Preparation Program 2017**  
**6 week program (May 1, 2017 - June 7, 2017)**

---

**STUDENT REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (Daytime and Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

If student is presently attending Day School, indicate the name of the school below.

School: \_\_\_\_\_

If student is not presently attending Day School, indicate the name and location of the last school attended.

School: \_\_\_\_\_

Course(s) Requested	Previous Mark Attained or Current Average
1.	
2.	

**\*As noted above, courses are only offered on the basis of sufficient enrolment.**

Registration fee is **\$150.00 per course**, payable by cash, VISA, MasterCard, or debit card during the night of the first class. **No cheques will be accepted.**

Medical Condition(s): \_\_\_\_\_

**Student Responsibilities:**

I agree to attend the exam preparation classes regularly and obey all rules and regulations set by the teacher (s) and principal. I will arrive to class on time with all necessary supplies, prepared for instruction. I will complete all assigned tasks punctually. I realize that failure to comply with the above rules will result in my dismissal from classes with no refund of registration

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Form to be signed during payment of registration fee

Participants can register by emailing this completed form to [nicoleconstantine@nlesd.ca](mailto:nicoleconstantine@nlesd.ca)

For Office Use: \_\_\_\_\_

Receipt #: \_\_\_\_\_