



REGISTRATION FORM – CAMOSUN COLLEGE



Scan & email completed form to: sip@camosun.ca

PERMISSION TO RELEASE INFORMATION & AUTHORIZATION TO ACT ON MY BEHALF

The British Columbia Freedom of Information and Protection of Privacy Act provides that the college may not release any information pertaining to student records to anyone other than the student owner of the record without the student's consent.

Further, the college does not normally allow any person other than the student to conduct student-related business with the College on behalf of the student.

In order to allow the South Island Partnership and your parent(s)/guardian(s) to conduct student-related business on your behalf, you must complete and submit this form as part of the SIP application package.

Last Name: _____ First Name: _____ Preferred Name: _____
Home Address: _____
City: _____ Postal Code: _____
Phone: (cell): _____ (home): _____ Email: _____
Parent's phone: _____ Parent's email: _____

To The Registration Department and the South Island Partnership:

The following secondary school _____ and parent(s)/ guardian(s) (please print) _____ have permission for the academic year 2018-2019, to access my student records and conduct student-related business on my behalf while I am registered in a South Island Partnership course/program. **Student Signature:** _____

Do you have an IEP (Individual Education Plan), learning condition, or other disability for which you may require additional support services? (Y/N) _____

Have you registered for a SIP course at Camosun College before?
No Yes If yes, Camosun Student Number (ID): C _____

Register in:	Course Code	Course Title	Course dates and Times
<input type="checkbox"/>	2018S TTCT 404X 001	Intro to Construction (Carpentry) Gr. 8-10	August 13 - 17, 9:00 - 2:30
<input type="checkbox"/>	2018S TTCT 402X 001	Intro to Automotive Gr. 8-10	August 20 - 24, 9:00 - 2:30
<input type="checkbox"/>	2018S TTCT 406X 001	Mind Over Metal (Welding) Gr. 8-10	August 13 - 17, 9:00 - 2:30

Payment: (Check *one* option below.)

Cash: please enclose it with the application

Cheque/money order: please enclose a cheque payable to Camosun College.

Credit card (check one):

Visa MasterCard American Express

Card No.: _____ Expiry: _____ Security Code: _____

Signature: _____

Fee: \$35 per application (non-refundable)
STEEL TOED BOOTS & APPROPRIATE DRESS REQUIRED

Questions? Please contact us at sip@camosun.ca or 250-370-4825.