

**SUMMER LEARNING 2024**  
**SECONDARY ENRICHMENT PROGRAM - SKILL BUILDING**  
**Grade 8 & 9 English / Math / Science**  
**July 3 - 30, 2024**

As part of the Secondary Enrichment Program, Skill Building courses are designed for students would like to strengthen their skills in the area of study, and who meet the following criteria:

- **have taken English / Math / Science 8 or 9 during the 2023-2024 school year**
- **considered to be “emerging” or “developing” on the Proficiency Scale**

Skill Building courses are 20 sessions in duration (40 hours) and will focus on building students’ understanding of some of the curricular competencies. Students completing these courses will receive **an assessment using the proficiency scales** (NOT a percentage or letter grade).

**REGISTRATION FORM**

*Please choose from the following:*

*Note: our CE office will confirm location and times at a later date.*

**Grade 8 Skill Building**

- ☐ English
- ☐ Mathematics
- ☐ Science

**Grade 9 Skill Building**

- ☐ English
- ☐ Mathematics
- ☐ Science

**STUDENT INFORMATION** *(please print clearly)*

**Legal Name:** \_\_\_\_\_  
*First Name Middle Name Last Name*

**Usual Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
*month – day - year*

**Personal Education Number (PEN, 9-digit):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*City Prov Postal Code*

**Contact:** \_\_\_\_\_  
*Home Tel Cell Email*

**Current School Attending:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**PARENT/GUARDIAN EMERGENCY CONTACT**

**Mother/Guardian Name:** \_\_\_\_\_

**Contact Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

**Contact Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT**

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Contact Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**MEDICAL INFORMATION**

**PARENTAL PERMISSION**

I support and give permission for my child to participate in Summer Learning 2024 - Skill Building Program.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Name *(print)*: \_\_\_\_\_

***Please return completed form to RC Palmer office  
NO LATER THAN March 14th 2024.***