|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Date of Application:** |  | | |
| **Date of Birth:** |  | | | | **Grade:** |  | | |
| **Course you are Registering for:** |  | | | | **Semester:** | **1st** | **2nd** | **All Year** |
| **Student’s Email Address:**  ***(Must have for course to work)*** | | | |  | | | | |
| **Student’s Mailing Address:** |  | | | | **Student’s Phone #:** |  | | |
| **School Name:** |  | | | | **Provincial Student #:** |  | | |
| **School Division Full Name:**  ***(No abbreviations please)*** | | |  | | | | | |
| **Parent(s) Name:** |  | | | | **Parent(s) Email Address(s):** |  | | |
| **Parent(s) Mailing Address:** |  | | | | **Parent(s) Phone #:** |  | | |
| **Course Costs: $500/course**  **Method of Payment:**  ***(Please specify by checking the appropriate box)*** | | **Not required to pay**  **Credit Card *(Please call in Credit Card #)***  **School Division Billing Address & Contact Name:**    **School Billing Address & Contact Name:** | | | | | | |

**Instructions for Registration:**

* Fill out form directly by opening the document in Word, click “View” and “Edit Document”, save the form and send via email to [register@ccsmj.ca](mailto:register@ccsmj.ca).
* Make sure you have checked off your method of payment.
  + If you wish to pay by credit card over the phone, please contact our school office (306-693-2937).
  + If you wish to be invoiced so that you can mail your payment, please make sure you provide the proper billing address.
* You will be contacted via email once your registration form is approved and you will be given log-in instructions to the course via that email.

Thank you for choosing Cornerstone Christian School for your online needs!