



Superior-Greenstone District School Board/Northern E-Learning Consortium

E-Learning Registration Form

Please complete the following information (except the OEN section) and return it to your guidance counsellor.

OEN: _____

Student's Home School: _____

Student's Last Name: _____

Student's First Name: _____

Gender:

Male ☐

Female ☐

Grade: _____

Student Home Phone: _____

Grade 9 Entry Year: _____

/ (Month/Year)

Student Board E-mail: _____

(if you do not have a SGDSB student account, please arrange for your Guidance Counsellor to have I/T create a SGDSB student e-mail account for you)

P.O. Box _____

Street Address: _____

Town: _____

Postal Code: _____

Does the student have an IEP:

YES ☐

NO ☐

Does the student have the prerequisite?

YES ☐

NO ☐

Date of Birth: _____

(Month/Day/Year)

Parent Name (if under 18): _____

Parent E-Mail (if under 18): _____

Parent Signature: _____

Course(s) Requested: _____

Pending ☐

Confirmed ☐

Wait Listed ☐

Declined ☐

Dropped ☐

Pending ☐

Confirmed ☐

Wait Listed ☐

Declined ☐

Dropped ☐

Pending ☐

Confirmed ☐

Wait Listed ☐

Declined ☐

Dropped ☐

**For
Guidance
Use Only**