



Correspondence Study Program Enrollment Approval

*NOTE: You cannot submit this form online.

Student/Personal Information

Name _____

Address _____ Apt/Suite _____

City/Town _____ Province _____

Phone (home) - - Cell - - Postal Code _____

Date of Birth (mm/dd/yyyy) / / Age _____ Fax - - _____

Email _____

Signature _____ Date _____

Regional Centre for Education / Agency Approval Payment (if required)

Regional Centre for Education/ Agency: Please complete the following section indicating that you agree to pay part or all of the student's costs the Correspondence Study Program.

Regional Centre for Education / Agency name and address for billing _____ Phone - - _____

Correspondence Course (s)	Cost	Textbook (s)	Cost
	\$		\$
	\$		\$

Name of authorized official (please print) _____

Authorized Signature _____ Date _____

Enrollment Approval for students currently in school or homeschooled

Principal, guidance counsellor, or regional education officer for home schooling: Please complete the following section indicating that you approve for this student's enrollment in the Correspondence Study course(s) requested.

Name of School _____

Name of authorized official (please print) _____ Phone - - _____

Course Required _____ Date _____

Authorized Signature _____

Reason for enrollment in the Correspondence Study Program (please check):

- courses not available in the school the student is attending
- requires course(s) to graduate
- illness
- other (please specify) _____
- not attending school
- disability (please specify and provide written documentation from a health professional)

Contact Information

Mailing Address

Correspondence Study Program
Nova Scotia Department of Education and
Early Childhood Development
P.O Box 578
Halifax NS B3J 2S9

Office

Brunswick Place, 2021 Brunswick Street, 4th Floor
Halifax NS B3K 2Y5
Office hours: 8:30am to 4:30pm (Wednesday or Friday by appointment call in advance)
Phone: 902-424-4054
Scan and email to csp@novascotia.ca
<http://csp.ednet.ns.ca>