

# Correspondence Study Program



To be completed by a school/region agent/homeschool (not by student)

## Enrolment Approval

### Student Information *(please print clearly or type out form)*

Name of Student

Address

Phone - - Cellphone - - Date of Birth (mm/dd/yyyy) / /

Email

Current Grade:

Courses Approved:

### School/Region/Homeschool Information

Name

Position

Address City/Town Postal Code

Phone - - Cellphone - -

Email

Signature of authorized Approval Date (mm/dd/yyyy) / /

*« must be a personal signature »*

### 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 Address:

Brunswick Place, 2021 Brunswick Street, 4th Floor

Halifax NS B3K 2Y5

Office hours: 8:00 am to 4:00 pm (by appointment call in advance)

Phone: 902-424-4054

Scan and email to [csp@novascotia.ca](mailto:csp@novascotia.ca)

<http://csp.ednet.ns.ca>

