

# Correspondence Study Program



## Enrollment Form

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

Name of Student

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone - - Cellphone - - Date of Birth (mm/dd/yyyy) / /

Email \_\_\_\_\_

Current Grade: \_\_\_\_\_

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

I'm attending school School Name \_\_\_\_\_ Current Grade: \_\_\_\_\_  
I'm Homeschooled \_\_\_\_\_ I'm Not Attending School \_\_\_\_\_ Date (mm/dd/yyyy) / /

Signature of student if over 18, guardian if under 18 \_\_\_\_\_

*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>

