

Correspondence

Study Program



Region/Agency payment form

To be completed if a school/region agent has authorized payment

Student Information

Name of Student

Address

Email

Region/Agency payment form

Name of School

Name of Authorized Official

Phone - -

Email

Authorized Signature

Date (mm/dd/yyyy) / /

Please complete the following section indicating the agreement to pay, in part or in whole, the student's costs of the Correspondence Study Program.

Regional Centre for Education name/Agency Name

Address for billing

Purchased:

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

Authorized Signature

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 (appointment call in advance)
Phone: 902-424-4054
Scan and email to csp@novascotia.ca
<http://csp.ednet.ns.ca>

