

September 2017 – June 2018

STUDENT:

Name:	Gender: Male / Female	Date of Birth: MM DD YY
Address:	City:	Postal code:

PARENT/GUARDIAN:

Name:	Relationship:	E-mail:
Home phone	Cell:	Work phone:
Emergency contact name:		PHONE:

SUBJECTS: (Please circle or check)

MATH	9-10 am	10-11 am	11-12 pm	12-1 pm	1-2 pm	2-3 pm	3-4 pm	ENGLISH	9-10 am	10-11 am	11-12 pm	12-1 pm	1-2 pm	2-3 pm	3-4 pm	SCIENCE	11-12 pm	12-1 pm	1-2 pm		
SK (J1)		<input type="checkbox"/>						SK (J1)	<input type="checkbox"/>							G1-2		<input type="checkbox"/>			
G1 (J2)		<input type="checkbox"/>						G1 (J2)	<input type="checkbox"/>							G3-4		<input type="checkbox"/>			
G2 (J3)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		G2 (J3)	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	G5-6	<input type="checkbox"/>				
G3 (J4)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		G3 (J4)	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	G7-8	<input type="checkbox"/>				
G4 (I1)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	G4 (I1)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			G9-10			<input type="checkbox"/>		
G5 (I2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	G5 (I2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			Semester	Sep '17-Jan '18 1-3 pm				
G6 (I3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	G6 (I3)			<input type="checkbox"/>		<input type="checkbox"/>			G11 Chemistry		<input type="checkbox"/>			
G7 (I4)				<input type="checkbox"/>		<input type="checkbox"/>		G7 (I4)			<input type="checkbox"/>		<input type="checkbox"/>								
G8 (A1)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		G8 (A1)			<input type="checkbox"/>					DRAWING	10-11 am	11-12 pm	12-1 pm	1-2 pm	2-3 pm
G9 (A2)		<input type="checkbox"/>		<input type="checkbox"/>				G9 (A2)					<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semester Math	Sep '17-Jan '18 11-1 pm							WRITING		9-10 am	10-11 am	12-1 pm	1-2 pm			CODING		<input type="checkbox"/>	<input type="checkbox"/>		
SM 9			<input type="checkbox"/>					W1 (G5-G6)					<input type="checkbox"/>								
SM 10								W2 (G7-G8)			<input type="checkbox"/>										
SM 11			<input type="checkbox"/>					W3 (G9+)				<input type="checkbox"/>									

\$50 administration fee will be charged

- per subject for withdrawal made prior to one week before school starts
- for subject / time / location change

No refund will be processed one week before school starts OR after school has started

The school reserves the final right to accept students

Homework requests:

- are handled by office on Saturdays and lessons will be picked up from the office
- Students are entitled to 2 free lessons and 2 paid lessons at \$3/lesson/subject

Tests/exam

- must be completed in the school premise on the test date or 1 week before the test date

 Parents or Guardian's
 signature:

Date:

Please write down student's name on the front of the cheque and make cheque payable to:

RHLS Inc.

 3160 Steeles Avenue East, Suite #220
 Markham, Ontario L3R 4G9

 Notification will be mailed out by September 15, 2017
 New school year will start on September 23, 2017

31 Saturdays
Circle applicable fees:

Math	400	
English	400	
Writing	460	
Science	460	
Drawing	350	
Sem.Math	500	
Sem.Science	500	
Coding	550	

Total