



SEVEN OAKS  
SCHOOL DIVISION  
*community begins here*

# SEVEN OAKS SCHOOL DIVISION HERITAGE LANGUAGES PROGRAM

2019 - 2020 Registration Form

Student's Name \_\_\_\_\_  
(Last) (First)

Home School \_\_\_\_\_ Grade/Class \_\_\_\_\_

Our Heritage Languages Program is offering FREE classes for Grade K-8 in the following languages, please check off one (1) language box only:

- |  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> ARABIC                              | <input type="checkbox"/> CREE    | <input type="checkbox"/> FILIPINO |
| <input type="checkbox"/> GERMAN                              | <input type="checkbox"/> ITALIAN | <input type="checkbox"/> POLISH   |
| <input type="checkbox"/> PORTUGUESE                          | <input type="checkbox"/> PUNJABI | <input type="checkbox"/> SPANISH  |
| <input type="checkbox"/> ENGLISH AS AN ADDITIONAL LANGUAGE   |                                  |                                   |
| <input type="checkbox"/> OJIBWE (Tuesdays & Wednesdays only) |                                  |                                   |

Is bussing required from child's school to Maples?  YES  NO

*NOTE: A confirmation letter will be sent to your child's home school one week before classes start. If there are less than 12 registrants for a class, it will not be offered.*

Language spoken at home \_\_\_\_\_

Student's Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home telephone # \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Guardian 1 \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Cell telephone # \_\_\_\_\_

Guardian 2 \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Cell telephone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_

(signature of Parent/Guardian required to register student)