RIVERSID
STINGERS

Enriched Application

Riverside Secondary School

To be completed by Parent/Guardian and Student. Once completed, please submit to the Guidance Office at Riverside S.S. by the **December 18th deadline**. **Email: joe.piskovic@publicboard.ca**
Please attach a copy of the Final Grade 7 Report Card and the most recent Grade 8 Report Card.

Last Name_____ Student Number: _____

First Name _____ D.O.B. _____
YYYY/MM/DD

Address _____ Postal Code_____

Home Phone_____ Cell Phone _____

Present School _____

Enriched Courses Requested: ☐ English ☐ Mathematics
Must check at least 2 courses ☐ Science

Reason for applying to this Program (written by student)

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_____

Parent Name: (please print) _____Parent/Guardian Signature _____

Parent email address: _____

Student email address: _____

Student Signature _____ Date: _____

Reviewed by:
Grade 8 Teacher Name: _____ Signature _____

Elementary Principal Name: _____ Signature _____