

Wood Street Centre – Programs Application

Please print clearly

Name: _____

Date of Birth (Month / Day / Year): _____

Mailing Address: _____

_____ Postal Code: _____

Student Phone: _____ Student Email: _____

Home School: _____

Parent 1 Name:	Parent 2 Name:
Phone:	Phone:
Email:	Email:

NOTE: Students may only apply to either the French or English section of the same course ...

Grade 9: PASE **or** OPES
Grade 10: FACES **or** ACES

_____ PASE 9 OR _____ OPES 9
_____ FACES 10 OR _____ ACES 10

_____ CHAOS 10
_____ CHAOS 11
_____ ES 11
_____ MAD 9 / 10
_____ MAD 11 / 12

If applying for more than one program, number by preference.

Please email this application to: applications-WSC@yukon.ca

Subject line: APPLICATION: Last Name, First Name