CANADA STAR SECONDARY SCHOOL
MAKE THE DIFFERENCE

Once completed send this form by email to admissions@canadastarsecondary.ca

Off-Schedule AP Course Registration Form

APPLICANT INFORMATION

Student: Usual Name: _____ Age: _____ Gender: ☐ Male ☐ Female

Legal Student Name: _____

Surname First Name

Address: _____ City: _____

Province: _____ Postal Code: _____ Student's E-mail: _____

Phone: (____)_____ PEN: _____ Birthdate: _____

School Currently Attending: _____

Grade: _____ AP Course(s): _____

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION AS APPLICABLE

1. Passport 2. Study Permit 3. Medical Services Plan Card 4. Report Card

AP Exam Registration

If you wish to register AP Exam at Canada Star Secondary, please note there are a limited number of seats available for each exam. Please follow the instructions on the school website and ensure that you've successfully registered for your AP exam.

https://canadastarsecondary.ca/programs/advanced-placement-program/advanced-placement-exams/

_____ _____ _____

Parent/Guardian Signature Student Signature Counselor Signature

_____

Date

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