

2022-23 BSS/KSS Cross-Enrolled Student Application Form for a CEAP student taking BSS/KSS courses



This form must be completed in its entirety, signed and returned to the BSS OR KSS office before you will be registered in your requested course(s). Enrolment and course scheduling will be dependent upon class sizes and timetable availability.

Student Name (Print)		Student Number	School (please circle)		Grade	Date of Birth	
			CEAP other:				
Student Email Address: Student Cell Phone			:		Student	Student Home Phone:	
Primary Parent Name Parent		Parent Phone No.	arent Phone No. 1			Parent Email	
		Parent Phone No. 2					
Requested Course(s) a	ınd Timetable Prefere	nce:					
			Pacing*				
Courses and Grade Level			Semester (1 or 2)	Linea		Preferred blocks (not guaranteed)	
1							
2							
3							
4							
Course timetable info	rmation sheet: Y if you have an exist	d cannot be guarante	eed at the time of	request at has se	·)	AP Tides 8-9). The purpose	
Semester ONE	SEMESTER ONE CLASS			Semester TWO		ER TWO CLASS	
BLOCK	K		BLOCK				
A B			A B				
С			C				
D			D				
Student Signature		Parent/Guardian Name (print)		Parent Signature:			
		Da			Date:	ate:	
OFFICE USE ONLY:							
Approved on:				(m	ım/dd/yyyy)		
By:		(School authorized signature)					