



**FRONTIER**  
**SCHOOL DIVISION**  
Excellence and Experience in Education

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## Frontier School Division Work Education Local Placements

### **STUDENT REGISTRATION FORM**

School: \_\_\_\_\_

Course Name \_\_\_\_\_ Course Level \_\_\_\_\_

Work Ed Teacher/contact \_\_\_\_\_

### ***Student Information***

<b>Student Surname</b>	<b>Student Given Name</b>	<b>Student MET #</b>

Send form to [Darren.cable@fsdnet.ca](mailto:Darren.cable@fsdnet.ca) or fax to 1-204-258-2063