



# Holy Trinity Catholic Secondary School

18044 Tyotown Road, Box 248  
Cornwall, Ontario K6H 5S7



## Holy Trinity Ontario Secondary School Diploma (OSSD) Graduate Student Contract

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

I am requesting that I return to Holy Trinity CSS next year as a returning graduate for the following reason:

To take a specific course/courses to upgrade my academic standing or to obtain a prerequisite for a specific program. Please provide details: \_\_\_\_\_

\_\_\_\_\_

To participate in the coop or dual credit program in order to explore future career opportunities, to obtain a college credit, or to begin an apprenticeship opportunity.

Other reason that will support my pathway planning. Please provide details: \_\_\_\_\_

\_\_\_\_\_

### Expectations and Conditions of Enrollment:

1. I will take a minimum of 3 in school classes per semester.
2. I will attend all classes.
3. I will be on time for all classes.
4. I will wear the school uniform as outlined in the school uniform policy.
5. I will be successful in all of my classes. Classroom teachers must recognize a best effort at all times.
6. My behaviour will be exemplary at all times, as I am a graduate and role model to younger students.

If any of these conditions are not met, the principal reserves the right to rescind your registration and eliminate your timetable.

I understand and agree to the terms as stated above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Guidance Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Principal Signature