



GARY ALLAN HIGH SCHOOL

SECONDARY SUMMER SCHOOL REGISTRATION

GRADE 9-11 CREDIT RECOVERY AND HALF CREDIT COURSES



905-632-2944

www.garyallan.ca

summerschool@hdsb.ca

Please check www.garyallan.ca for course cancellations and updates

STUDENT INFORMATION

Legal Last Name:		OEN:	Student #:	
Legal First Name:		Preferred Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Was this your name at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'no':		Date of Birth: <small>YYYY/MM/DD</small>
Address:				
<small>Number</small>	<small>Street Name</small>	<small>Apt. No.</small>	<small>City</small>	<small>Postal Code</small>
Phone Number:		Alternate number:		Email:
Country of Birth:		Proof of Canadian Residency <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Other		
Date of Entry into Canada: <small>YYYY/MM/DD</small>		Enrolment Status: <input type="checkbox"/> Day School Student <input type="checkbox"/> Adult Student <input type="checkbox"/> VISA Student		
Has the student ever been identified through an IPRC and/or received special education support? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Student Information (if required by the school)				

MEDICAL INFORMATION

Immunization Record Complete ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Conditions: If the student has significant health factors of which the school board should be aware, please describe the condition(s) below	
_____	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any prescribed medications: _____	
Do medications need to be administered during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
If an Epipen is required, additional Medical Forms are necessary. Please ask staff	

SCHOOL INFORMATION

Has the student <u>ever</u> been registered at a school within the Halton District School Board ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <u>Yes</u> , provide the name of the most recent school attended: _____			
Current/Last Grade attended: _____			
Has the student <u>ever</u> been registered at a school within the Province of Ontario ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <u>Yes</u> , provide the name of the most recent school attended: _____			
If <u>No</u> , provide the name of the most recent school attended outside of Ontario: _____			
Current/Last Grade attended: _____			
School Address:			
<small>Number</small>	<small>Street Name</small>	<small>City</small>	<small>Postal Code</small>
School Phone Number:	School Fax Number:	School Email:	
School BSID Number:	Last Year Attended:		

PARENT AND/OR LEGAL GUARDIAN INFORMATION

1. If NO ACCESS , legal documentation required. Documentation Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home No.	Cell No.	Email:
Relationship:	<input type="checkbox"/> Access to Student <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language	
<input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian		

2. If NO ACCESS , legal documentation required. Documentation Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home No.	Cell No.	Email:
Relationship:	<input type="checkbox"/> Access to Student <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language	
<input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian		

COURSE INFORMATION

Session 1 Course Code:		Section Code (H to N or O1):	
Session 2 Course Code:		Section Code (P to V or O2):	
N.B. STUDENT SERVICES: Please enter a final mark for students registering in a <u>credit recovery</u> . Although there is no minimum percentage mark requirement in the original course for eligibility for credit recovery, it is recommended that students have obtained a minimum standing of 40% in the original course to participate in the Summer School Credit Recovery Program. Please enter a final mark for students registering in a credit recovery. Where possible, include the Credit Recovery Profile for any student recommended to this program.			
FINAL MARKS:	Course Code:	Mark:	
	Course Code:	Mark:	

IMPORTANT NOTES

- Students enrolled at a high school inside the Halton District School Board register through their Student Services.
- Students outside the Halton District School Board register through their Student Services. **A copy of the student's Credit Counselling Summary and Proof of Canadian Residency (i.e. Canadian Birth Certificate, Permanent Resident Card, Indian Status Certificate, Canadian Passport) must accompany the application** before it will be processed. Student Services outside the HDSB may email authorized@hdsb.ca or fax to (905) 637-5390.
- Adult students may register in person at Gary Allan High School, Burlington, by email to summerschool@hdsb.ca or by fax at (905) 637-5390
- Visa students – Please contact Gary Allan High School, Burlington (905-632-2944), for registration information
- If the student has an IEP, be sure to give a copy to the summer school teacher on the first day of instruction.
- The information required on this form is necessary to register a student. Please complete in full.
- Don't enroll in an credit recovery course unless you can remain for the full session:
 Semester 1: Tuesday, July 4 to Friday, July 14 Semester 2: Monday, July 17 to Friday, July 28
***** NOTE: a course will be cancelled if it does not have sufficient enrolment. *****

PARENT/GUARDIAN/STUDENT AUTHORIZATION

The information gathered on the applicant's Registration Form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. **ALL STUDENTS MUST SHOW PICTURE I.D. AT REGISTRATION.**

I certify that the information given on this form is correct.

Signature of student (if over 18 years of age) or Parent/Guardian if under 18 years of age	Date

OFFICIAL USE ONLY

AUTHORIZATION: To be completed for all students currently enrolled in a high school to confirm your eligibility to take the above course.			
Student Services/School Official	High School	BSID#	Phone Number