



# GARY ALLAN HIGH SCHOOL SECONDARY NIGHT SCHOOL REGISTRATION FORM



Date Received by School

905-632-2944 [www.garyallan.ca](http://www.garyallan.ca)  
@hdsb.ca

PA @School use only

## STUDENT INFORMATION

Legal Last Name:		OEN:	
Legal First Name:		Preferred Name:	
Was this your name at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'no':		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		Date of Birth: <small>YYYY/MMM/DD</small>	
<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 Ontario: <small>YYYY/MMM/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: _____			
<b>**If an Epipen is required, additional Medical Forms are necessary. Please ask staff**</b>			

## SCHOOL INFORMATION

Has the student <u>ever</u> been registered at a school within the <b>Halton District School Board</b> ? <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 <b>Province of Ontario</b> ? <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>Apt. No.</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 <b>NO ACCESS</b> , 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 <b>NO ACCESS</b> , 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

Course Information	Course Name	Course Location

## PARENT/GUARDIAN/STUDENT AUTHORIZATION

• 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 (ex. passport, Canadian Birth Certificate, P.R. Card) must accompany the application before it is processed.**  
**Student Services outside of the HDSB may email AUTHORIZED Registration forms, Credit Counselling Summaries, and Proof of Residency to coned@hdsb.ca or fax it to (905) 637-5390**

• If the student has an IEP, please give a copy to the teacher on the first day of instruction.  
 • Adult students may register in person at Gary Allan High School, Burlington, by email [coned@hdsb.ca](mailto:coned@hdsb.ca), or by fax : (905) 637-5390

**\*\*NOTE: We do NOT call or email to confirm registration. A course will be cancelled if it does not have sufficient enrollment. Please refer to [www.garyallan.ca](http://www.garyallan.ca) for cancelled courses. We will attempt to contact students affected by cancellations/changes. Otherwise, please report to your Night School location on the first day of classes.\*\***

**Collection of Personal Information:** 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 I.D. AT REGISTRATION.** The student will only be contacted in the event that the course is full and the student is unable to attend.

**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
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