



GARY ALLAN HIGH SCHOOL

SECONDARY NIGHT SCHOOL REGISTRATION FORM



Date Received by School

905-632-2944 www.garyallan.ca
@hdsb.ca

PA @School use only

STUDENT INFORMATION

Legal Last Name:		OEN:	
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: YYYY/MMM/DD
Address:			
Number	Street Name	Apt. No.	City Postal Code
Phone Number:	Alternate number:	Email:	
Country Of Birth:	Proof of Canadian Residency	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Canadian Citizenship
Date of Entry into Ontario: <small>YYYY/MMM/DD</small>		<input type="checkbox"/> Immigration Papers	<input type="checkbox"/> Passport
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:	
Number	Street Name Apt. No. City Postal Code
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

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, 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 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
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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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