



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

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': | | |
| Address: | | | | |
| Number | Street Name | Apt. No. | City | Postal Code |
| Phone Number: | | Alternate number: | | Email: |
| Date of Birth: | | Proof of Canadian Residency | | |
| YY/MM/DD | | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Canadian Citizenship | <input type="checkbox"/> Passport |
| | | <input type="checkbox"/> Immigration Papers | <input type="checkbox"/> Other | |
| 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

| | | |
|---|--------------------------------|--|
| Health Card No. | 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 | | |
| <hr/> | Life Threatening? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | Life Threatening? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | 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: _____ | 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: _____ | Last Grade attended: _____ | | |
| School Address: | | | |
| Number | Street Name | 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

| | | | |
|---|--------------|-----------------------------------|--|
| Session 1 Course Code: | | Section Code (H,I,J,K,L,M or O1): | |
| Session 2 Course Code: | | Section Code (P,Q,R,S,T,U 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 Counseling 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 Registration Forms, Credit Counseling Summaries and Proof of Canadian Residency to summerschool@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: Monday, July 4 to Friday, July 15 **Semester 2:** Monday, July 18 to Friday, July 29
***** 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 |
|----------------------------------|-------------|-------|--------------|