



# GARY ALLAN HIGH SCHOOL

## SECONDARY SUMMER SCHOOL REGISTRATION



**GRADE 9-12 FULL CREDIT COURSES**

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

*Date Received by School*

*Summer 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':	
Address:			
Number	Street Name	Apt. No.	City      Postal Code
Phone Number:		Alternate number:	Email:
Date of Birth:      YY/MM/DD		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	
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	
_____	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: _____      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: _____      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 <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"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	<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	

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"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	<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	

## COURSE INFORMATION

Course Code	Course Name	Section Letter (A,B,C,D,E,F, or O)

## 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 a course unless you can remain for the full session: July 4 to 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
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