

REGISTRATION INSTRUCTIONS

DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER WITH A NEW FILE NAME PRIOR TO COMPLETION.

- Contact your most recent school to obtain a copy of your High School Transcript
- Collect **each** of the following **FOUR** Proof of Identity documents:
 - 1 Proof of Citizenship
 - 1 Proof of Date of Birth
 - 2 documents showing Proof of Ontario Residency.

[See all acceptable documents here. **No other documents will be accepted.**](#)

- Complete the registration package in FULL
- Email the completed registration package, your transcript, and all Proof of Identity documents to ConEd@hdsb.ca

Once all documents are received, you will be contacted with more information. If you have indicated on your registration form that you wish to speak with a Counselor to discuss an education plan, we will contact you to schedule an appointment.

Please allow 2 to 4 business days to process your registration.

Applications with missing or unclear documentation will not be processed.

- Save this package to your computer with a new file name, then complete all documents in full
- Attach **Proof of Citizenship, Date of Birth, and Ontario Residency**, and your High School Transcript if applicable
- Email all to coned@hdsb.ca

STUDENT INFORMATION

Legal Last Name:	OEN:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Legal First Name:	Preferred Name:	Self-Identify as: _____
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 Street Name Apt. No. City Postal Code</small>		
Phone Number:	Alternate Number:	Email:
Country of Citizenship:	Status in Canada:	Date of entry into Ontario (If applicable): <small>YYYY/MM/DD</small>
Country of Birth:		
Additional Student Information (if required):		

MEDICAL INFORMATION

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? Yes No

_____ Life Threatening? Yes No

SCHOOL INFORMATION

Has the student ever attended a school in Ontario? Yes No If yes, School Name:

Name of last school attended outside of Ontario:	Country:	Grade:
	City:	Year:

EMERGENCY CONTACT INFORMATION

Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home No.	Cell No.	Email:
<input type="checkbox"/> Mother <input type="checkbox"/> Spouse	<input type="checkbox"/> Access to Student <input type="checkbox"/> No Access <input type="checkbox"/> Lives with student	
<input type="checkbox"/> Father <input type="checkbox"/> Step Parent	<input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records	
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other : _____	<input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language	

PROGRAM SELECTION

COURSE NAME	DAY(S) OF THE WEEK

I WISH TO SPEAK WITH SOMEONE ABOUT BY EDUCATIONAL PLAN* YES NO

I WISH TO LEARN MORE ABOUT **MP.L.A.R.** (MATURITY PRIOR LEARNING ASSESSMENT RECOGNITION) * YES NO

I BELIEVE THAT COMPLETION OF THE COURSES (S) MENTIONED ABOVE WILL QUALIFY ME FOR MY DIPLOMA YES NO

I WILL BE APPLYING TO COLLEGE/UNIVERSITY UPON COMPLETION OF THE ABOVE COURSE(S) College University N/A

* IF 'YES', WE WILL CONTACT YOU TO SCHEDULE A PHONE APPOINTMENT

STUDENT AUTHORIZATION : BY SIGNING, YOU CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT

Signature of student	Date
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OFFICE USE ONLY

Proof of Ontario Residency received: Proof of Citizenship received: Proof of Date of Birth received:

Home School Administrator/Designate Name (please print)	Home School Administrator/Designate Signature	Date
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APPLICATION FORM

Form must be completed **electronically** before sending to your school board. We cannot accept applications that are incomplete. Thank you!

STUDENT INFORMATION			
First Name		Last Name	
Date Of Birth		Gender	
Home Address		Apt/Unit #	
City		Postal Code	
Phone #			
Email Address			
CONTACT INFORMATION			
Emergency Contact		Phone #	
Relationship			
SCHOOL INFORMATION			
Home School		OEN #	
School Board			
School Contact Name			
PROGRAM SELECTION			
Program	Day(s) Of The Week		
ADDITIONAL INFORMATION			
Have you graduated from secondary school?	Yes	No	
Have you ever taken time off from secondary school?	Yes	No	
Do you have an existing Individual Education Plan (IEP)?	Yes	No	
Are you a Specialist High Skills Major (SHSM) student?	Yes	No	
Are you registered in Ontario Youth Apprenticeship Program (OYAP)?	Yes	No	
Are you considered to be (select all that applies):		Disengaged?	
		At risk of not graduating (insufficient # of credits)?	
		Unsure of your pathway AFTER high school?	

TERMS AND CONDITIONS

Program Delivery: It is at Sheridan's sole discretion to determine how the Sheridan Dual Credit Program ("Program") will be delivered, whether virtually or in person, and to suspend the Program where necessary as a result of any required or unforeseen closures of Sheridan due to the COVID-19 pandemic.

Force Majeure: Sheridan is not responsible for any delay or failure to implement or continue the Program where such delay or failure is due to fire, explosion, flood, war, embargo, governmental action, act or order of a public authority, strike, epidemic, pandemic, public health emergency or communicable disease outbreak or to any other cause beyond its control ("Force Majeure Event"). Should the Force Majeure Event last longer than thirty (30) days, Sheridan reserves the right in its sole discretion to discontinue the Program, in whole or in part, upon notice to the student, without further liability, expense or cost of any kind.

Photo Consent: Please note that your photograph and any other personal information identified on this form is collected pursuant to s.2 of the Ontario College of Applied Arts and Technology Act for purposes of administering the College's security and emergency preparedness plans as well as to facilitate the provision of services offered by Sheridan where identity verification is a reasonable requirement. Questions with respect to this collection may be addressed to dual.credit@sheridancollege.ca.

This form is to be used only by students enrolled in Sheridan's Dual Credit Program. This form is subject to Sheridan's Access and Release of *Student Information Policy* and its appendices, all other Sheridan policies, including but not limited to the *Privacy Policy*, and all applicable legislation, including but not limited to the Ontario *Freedom of Information & Protection of Privacy Act*.

Pursuant to section 42(1)(b) of the Ontario *Freedom of Information & Protection of Privacy Act*, I, _____, authorize The Sheridan College Institute of Technology & Advanced Learning ("Sheridan") to release all records related to my registration, attendance and academic progress in the Dual Credit Program to my parent/guardian and my Secondary School Board's Representative as provided on this application form. This authorization will be valid from the date of signing below in perpetuity.

Note to Student/Parent(s)/Guardian(s): Sheridan does not provide any student accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities. Sheridan Dual Credit Program students are referred to their Secondary School Board to seek student accident insurance options.

I have read the foregoing and fully understand the contents of this release form.

Student Signature: _____

Parent/Guardian Signature (if student under 18 years old): _____

Date: _____

Complete this Check list before submitting your application.

In order to register for any HDSB programs, the following documentation must be submitted at time of registration:
Proof of Citizenship, Proof of Date of Birth, AND Proof of Ontario Residency.
NO OTHER FORMS of documentation will be accepted.

Please indicate which form of Proof of Citizenship you have attached. Select ONE of the following:		
Birth Certificate <input type="checkbox"/>	Immigration Papers <input type="checkbox"/>	Permanent Resident Card <input type="checkbox"/>
Passport <input type="checkbox"/>	Canadian Citizenship Documents <input type="checkbox"/>	Refugee Documents <input type="checkbox"/>

Please indicate which form of Proof of Date of Birth you have attached. Select ONE of the following:		
Birth Certificate <input type="checkbox"/>	Immigration Papers <input type="checkbox"/>	Baptismal/Faith Record <input type="checkbox"/>
Passport <input type="checkbox"/>	Canadian Citizenship Documents <input type="checkbox"/>	

Please indicate which form of Proof of Ontario Residency you have attached. Select TWO of the following:		
Current Lease or Deed <input type="checkbox"/>	Current Utility Bill <input type="checkbox"/>	Current Home Utility Bill <input type="checkbox"/>
Current Property Tax Bill <input type="checkbox"/>	Current Motor Vehicle Ownership <input type="checkbox"/>	Current bank statement <input type="checkbox"/>
Original Credit Card Statement <input type="checkbox"/>	Recent correspondence from a government agency <input type="checkbox"/>	Most recent original Income Tax Assessment <input type="checkbox"/>
Recent correspondence from a Municipal, Federal or Provincial Government Agency <input type="checkbox"/>		
<p>Notes: Driver's license/Health Card are not acceptable, as in some cases you may hold an Ontario Drivers licence/Health card and no longer permanently reside in Ontario</p> <p>If an Adult Learner or Out of Board student does not have any of the above documentation to prove residency, an emergency contact/guardian who lives at the same address must be indicated on page 2 of the registration form and 'Lives with student' must be checked off. Proof of Ontario Residency in that person's name must then be submitted.</p>		

Ensure that all documents are clear and legible. If submitting photos of documents, the photo must be taken straight-on, be in focus, and have no glare.

- I confirm that I have attached the FOUR required documents as listed above
- I have attached a copy of my High School Transcript (required for 18 to 20 year old learners)
- I confirm that I have downloaded and saved this registration form to my computer prior to completion and filled it out entirety

Once all documents are received and processed, you will be contacted with more information. If you have indicated on your registration form that you wish to speak with a counselor to discuss an education plan, we will contact you to schedule a phone appointment.

Applications with missing or unclear documentation will not be processed.

[Email completed registration form and all required documents to Coned@hdsb.ca](mailto:Coned@hdsb.ca)