

# GARY ALLAN HIGH SCHOOL

## SECONDARY SUMMER SCHOOL REGISTRATION

2019 GRADE 9-11 CREDIT RECOVERY AND HALF CREDIT COURSES



Date received by home school:

905-632-2944

[www.garyallan.ca](http://www.garyallan.ca)

[summerschool@hdsb.ca](mailto:summerschool@hdsb.ca)

Summer School use only

**Please check [www.garyallan.ca](http://www.garyallan.ca) for course updates/cancellations**

### 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/MMM/DD</small>	
Address:				
<small>Number</small>	<small>Street Name</small>	<small>Apt. No.</small>	<small>City</small>	<small>Postal Code</small>
Phone Number:		Country of Birth:	Date of entry into Ontario: _____ <small>YYYY/MMM/DD</small>	
Alternate number:		Email address:		
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

Current School Name:		Current Grade:	
School Address:			
<small>Number</small>	<small>Street Name</small>	<small>City</small>	<small>Postal Code</small>
School Phone Number:		School Fax Number:	
School BSID Number:		School Email:	
<b>If <u>not</u> a current HALTON PUBLIC SCHOOL BOARD student:</b>			
Has the student ever 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: _____ Year: _____			
If <u>No</u> has the student ever 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 within Ontario: _____			
If <u>No</u> , provide the name of the most recent school attended outside of Ontario: _____			
Current/last Grade: _____ Year: _____			

## 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"/> Guardian <input type="checkbox"/> Receives Mail	<input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Lives with Student <input type="checkbox"/> Access to Records

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"/> Guardian <input type="checkbox"/> Receives Mail	<input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Lives with Student <input type="checkbox"/> Access to Records

## COURSE INFORMATION

Session 1 Course Code:	Section Code (H to N or O1):	
Session 2 Course Code:	Section Code (P to V or O2):	
<b>N.B. STUDENT SERVICES:</b> 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 currently enrolled in high school MUST register through their home school's Student Services.
- Student Services outside of the HDSB may email authorized registration forms, Credit Counselling Summaries and Proof of Residency verification forms to [summerschool@hdsb.ca](mailto:summerschool@hdsb.ca) fax to (905) 637-5390
- Proof of Canadian Residency must accompany the application and be verified and signed off by a school administrator or designate (e.g. Canadian Birth Certificate, Permanent Residency Card, Canadian Passport, Baptismal Certificate, Canadian Citizenship)
- Adult students may register in person at Gary Allan High School, Burlington, by email to [summerschool@hdsb.ca](mailto: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.

**\*\*\* We do not confirm registration. A course will be cancelled if it does not have sufficient enrolment. Please refer to [www.garyallan.ca](http://www.garyallan.ca) for cancelled courses 48 hours before the first class. Otherwise, please report to your Summer School Location on the first day of classes. \*\*\***

## PARENT/GUARDIAN/STUDENT AUTHORIZATION

**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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## CURRENT HOME SCHOOL USE ONLY

**AUTHORIZATION:** To be completed by the home school for all adult/out of Board students to confirm eligibility to take the above course.

### Verification:

<b>Proof of Citizenship</b>	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Passport	<input type="checkbox"/> Immigration Papers	<input type="checkbox"/> Other _____
<b>Proof of Date of Birth</b>	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Passport	<input type="checkbox"/> Immigration Papers	<input type="checkbox"/> Other _____
<b>Proof of Ontario Residency</b>	<input type="checkbox"/> Current utility bill	<input type="checkbox"/> Current Property tax bill	<input type="checkbox"/> Current home phone/cable/internet bill	<input type="checkbox"/> Property Purchase bill of sale	

**TO BE COMPLETED FOR ALL STUDENTS**

School Administrator/Designate name (please print)	High School Name
School Administrator/Designate Signature	BSID# <span style="float: right;">Phone Number</span>