



GARY ALLAN HIGH SCHOOL

SECONDARY SUMMER SCHOOL REGISTRATION

2019 GRADE 9-12 FULL CREDIT COURSES



Date received by home school:

905-632-2944

www.garyallan.ca

summerschool@hdsb.ca

Summer School use only

Please check 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 Street Name Apt. No. City 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: _____	
If an Epipen is required, additional Medical Forms are necessary. Please ask staff	

SCHOOL INFORMATION

Current School Name:		Current Grade:	
School Address: _____ <small>Number Street Name City Postal Code</small>			
School Phone Number:		School Fax Number:	
School BSID Number:		School Email:	
If <u>not</u> a current HALTON PUBLIC SCHOOL BOARD student:			
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 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"/> 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"/> Lives with Student <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language

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"/> 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"/> Lives with Student <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language

COURSE INFORMATION

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

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 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 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 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

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:

Proof of Citizenship	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Passport	<input type="checkbox"/> Immigration Papers	<input type="checkbox"/> Other _____
Proof of Date of Birth	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Passport	<input type="checkbox"/> Immigration Papers	<input type="checkbox"/> Other _____
Proof of Ontario Residency	<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# Phone Number