



# 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](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 Street Name Apt. No. City Postal Code</small>			
Phone Number:	Alternate number:	Email address:	
Country of Birth:	Country of Citizenship:	Date of entry into Ontario: _____ <small>YYYY/MMM/DD</small>	
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 Street Name City 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"/> Lives with Student <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <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"/> 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](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:

**Proof of Citizenship**  Birth Certificate  Canadian Citizenship  Passport  Immigration Papers  Other \_\_\_\_\_  
**Proof of Date of Birth**  Birth Certificate  Canadian Citizenship  Passport  Immigration Papers  Other \_\_\_\_\_  
**Proof of Ontario Residency**  Current utility bill  Current Property tax bill  Current home phone/cable/internet bill  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>