

GARY ALLAN HIGH SCHOOL

SECONDARY SUMMER SCHOOL REGISTRATION

2020 HALF CREDIT COURSES



905-632-2944

www.garyallan.ca

summerschool@hdsb.ca

Summer School use only

*Ontario Minister of Education Stephen Lecce has announced that **all publicly-funded schools will remain closed until at least May 31, 2020**, as part of an effort to keep students, staff and families safe from COVID-19. As a result, all HDSB schools will remain closed until this time. The decision to extend the closure is based on the advice of the Chief Medical Officer of Health. Given the uncertainty around the timelines for school re-opening, it is possible that summer school courses may be taught on-line, in class, or in a combination of both formats. Courses may change locations or be changed to on-line as the situation evolves.*

IMPORTANT NOTES *Please print clearly and fill out all fields. Incomplete or illegible forms will not be processed.*

- Current HDSB students MUST register through their MyBlueprint account.
- Students from schools outside of the HDSB and Adult Students must email completed registration forms, Proof of Citizenship, Proof of Ontario residency and a current Credit Counselling Summary to summerschool@hdsb.ca
- Visa students – Please contact Gary Allan High School, Burlington (905-632-2944), for registration information
- Courses offered are for high school credit. They are not general interest courses.
- If the student has an IEP, be sure to send 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 course on the first day of classes

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:	Citizenship:	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</small>	<small>Street Name</small>	<small>City</small>	<small>Postal Code</small>
School Phone Number:		School Fax Number:	
School BSID Number:		School Email:	

Has the student ever been registered at a school within the **Halton District School Board**? Yes No

If Yes, provide the name of the most recent school attended: _____
 Last Grade attended: ____ Year: ____

If No has the student ever been registered at a school within the **Province of Ontario**? Yes No

If Yes, provide the name of the most recent school attended within Ontario: _____

If No, 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"/> 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	
<input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian		

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

COURSE INFORMATION

Session 1 Course Code:		Section Code (G to K or O):	
Session 2 Course Code:		Section Code (P to T or O):	
If an in-class course must be changed to an Online course would you like to automatically be switched into that Online Course?			<input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION OF IDENTITY

Verification: Please indicate documentation provided in an attachment to this application for each of the following:

Proof of Citizenship Birth Certificate Canadian Citizenship Passport Immigration Papers Other _____ **Country:** _____

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

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

Please check www.garyallan.ca for course updates/cancellations