

GARY ALLAN HIGH SCHOOL

ADULT CLASS CREDIT REGISTRATION FORM

Complete this form in full, attach [Proof of Citizenship, Date of Birth, and Ontario Residency](#), and your High School Transcript or Credit Counselling Summary, and 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</small>	<small>Street Name</small>	<small>Apt. No.</small>	<small>City</small> <small>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	

COURSE SELECTION

COURSE NAME	COURSE CODE	SESSION	A.M. OR P.M.	COURSE LOCATION

VERIFICATION OF IDENTITY Please indicate documentation you have 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

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

Signature of student	Date

OFFICE USE ONLY

Proof of Ontario Residency received: <input type="checkbox"/>	Proof of Citizenship received: <input type="checkbox"/>	Proof of Date of Birth received: <input type="checkbox"/>
Home School Administrator/Designate Name (please print)	Home School Administrator/Designate Signature	Date