



# GARY ALLAN HIGH SCHOOL

## ADULT eCREDIT 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](mailto: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> <span style="float: right;"><small>Postal Code</small></span>
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 NAME	COURSE CODE

### 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
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### 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