



GARY ALLAN HIGH SCHOOL

ADULT ECREDIT REGISTRATION FORM



Save this form to your computer, then complete in full

- Attach [Proof of Citizenship, Date of Birth, and Ontario Residency](#). See all acceptable documents here. *No other documents will be accepted.*
- Email all documents in one email 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 Street Name Apt. No. City 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 NAME	COURSE CODE

I WISH TO SPEAK WITH SOMEONE ABOUT BY EDUCATIONAL PLAN YES NO

I WISH TO LEARN MORE ABOUT [MP.L.A.R.](#) (MATURITY PRIOR LEARNING ASSESSMENT RECOGNITION) YES NO

IF 'YES', WE WILL CONTACTING YOU TO SCHEDULE AN APPOINTMENT

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