



GARY ALLAN HIGH SCHOOL

SECONDARY NIGHT SCHOOL REGISTRATION FORM

Semester 1 and Full Year Languages, 2020-2021



905-632-2944 www.garyallan.ca coned@hdsb.ca

Night School use only

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:	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:		
If <u>not</u> a current HALTON PUBLIC SCHOOL BOARD student:			
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 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"/> Mother	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Access to Student
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> No Access
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Guardian	<input type="checkbox"/> Lives with Student
	<input type="checkbox"/> Receives Mail	<input type="checkbox"/> Custody
		<input type="checkbox"/> Access to Records
		<input type="checkbox"/> Speaks School Language

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"/> Mother	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Access to Student
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> No Access
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Guardian	<input type="checkbox"/> Lives with Student
	<input type="checkbox"/> Receives Mail	<input type="checkbox"/> Custody
		<input type="checkbox"/> Access to Records
		<input type="checkbox"/> Speaks School Language

IMPORTANT NOTES

- Students currently enrolled in an HDSB high school **MUST** register through their MyBlueprint account.
 - Students in a high school outside of the HDSB** may email the registration form, verified and endorsed by their home school guidance office, and a credit Counselling Summary or Transcript to coned@hdsb.ca or fax to (905) 637-5390
 - Adult students** must schedule an appointment through www.garyallan.ca to drop off registration forms, *Proof of Ontario residency* (Current utility, property tax, home phone/cable/internet bill, or Property Purchase/bill of sale) as well as *proof of date of birth and citizenship*
 - If the student has an IEP, please give it to the teacher on the first day of class
 - Courses offered are for high school credit. They are **not** general interest courses.
 - Students are required to complete all assignments, tests and exams and maintain regular attendance (students may miss a total of 3 classes). Failure to do so will result in removal from the program.
 - If the student wishes to drop out of the course **or** misses more than 3 classes, a Drop Form must be completed. Without a formal drop form, a failing mark will be entered on the students permanent educational record. Forms can be obtained from the teacher during class time.
- * A course will be cancelled if it does not have sufficient enrolment. Please check www.garyallan.ca for course listings. Otherwise, report to your Night School location on the first day of classes.***
- Collection of Personal Information:** The information gathered on the applicant's Registration Form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

COURSE SELECTION

COURSE NAME	COURSE CODE	COURSE LOCATION

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

CURRENT HOME SCHOOL USE ONLY

AUTHORIZATION: To be completed by the home school for out of Board students to confirm eligibility to take the above course.	
Verification – Please indicate documentation presented at time of home school registration for each of the following:	
Proof of Citizenship: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Other _____	Country: _____
Proof of Date of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Other _____	
Proof of Ontario Residency: <input type="checkbox"/> Current utility bill <input type="checkbox"/> Current Property tax bill <input type="checkbox"/> Current home phone/cable/internet bill <input type="checkbox"/> 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# Phone Number