

REGISTRATION INSTRUCTIONS

Students currently participating in the HDSB IILE program do not need to re-register.

DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER † @= '' V-† '7@ V° U - ' BEFORE EDITING.

Complete this check list:

- Complete the registration package in FULL

Non-HDSB students must submit **each** of the following [Proof of Identity documents](#):

1 Proof of Citizenship

1 Proof of Date of Birth

2 documents showing current Proof of Ontario Residency.

[See all acceptable documents here. **No other documents will be accepted.** Registration packages which are missing any or all of the 4 required documents will not be processed.](#)

- Email registration form and all Proof of Identity documents (if non-HDSB student) to int-lang@hdsb.ca

Students will be contacted via email in the week prior to the 1st class with login information.

NOTE: All documents must be clear and legible. If submitting a photo of a document, ensure the image is taken straight-on, is in focus, and that there is no glare. Unclear documents will not be accepted. A **signature is mandatory**, where indicated. Print the form and sign then scan/photograph, or use a PDF editor to create a digital signature.

School use only

Student Registration Form

905-632-2944 www.garyallan.ca int-lang@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: _____ YYYY/MM/DD |
| Address: | | |
| Number | Street Name | Apt. No. City Postal Code |
| Phone Number: | Alternate number: | Email: |
| Country of Birth: | Citizenship: | Date of entry into Ontario: _____ YYYY/MM/DD |
| Enrolment Status: <input type="checkbox"/> Day School 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 (REQUIRED IN THE EVENT THAT CLASSES RETURN TO AN IN-PERSON FORMAT)

| | |
|---|--|
| 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, please contact int-lang@hdsb.ca to request additional forms | |

SCHOOL INFORMATION

| | |
|--|------------------------------|
| Current/Last School Name: | Current Grade: |
| School Address: | |
| Number | Street Name City Postal Code |
| 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: _____ Last Grade attended: ____ Year: ____ | |

PARENT/LEGAL GUARDIAN OR EMERGENCY CONTACT 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"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Access to Student <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail | <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <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"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Access to Student <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail | <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language |

IMPORTANT NOTES

- **Students** may email the completed registration form to int-lang@hdsb.ca or fax to (905) 637-5390
 - **Registrants from outside the HDSB** must attach 2 *Proof of Ontario residency* documents (Current utility, property tax, home phone/cable/internet bill, or Property Purchase/bill of sale in the name of one of the above-mentioned Parent/Legal Guardian Contacts) as well as *proof of date of birth and citizenship*
- * Students will receive course and login information via email in the week prior to the course start date.
All students are required to log into their class 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: (See course list attached). Students may register for a maximum of 2-1/2 hours per week per language)

| COURSE LANGUAGE | DAY OF WEEK | |
|-----------------|---------------------------------------|---|
| | <input type="checkbox"/> FRIDAY NIGHT | <input type="checkbox"/> SATURDAY MORNING |
| | <input type="checkbox"/> FRIDAY NIGHT | <input type="checkbox"/> SATURDAY MORNING |

PARENT/GUARDIAN/STUDENT AUTHORIZATION

I certify that the information given on this form is correct.

| | |
|------------------------------|------|
| | |
| Signature of Parent/Guardian | Date |

OFFICE USE ONLY

Verification – Please indicate documentation presented at time of home school registration 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

TO BE COMPLETED FOR ALL STUDENTS:

| | |
|--|---|
| | |
| School Administrator/Designate name (please print) | School Name |
| School Administrator/Designate Signature | BSID# Phone Number |

International & Indigenous Languages (Elementary) Program
2020-2021 Full Year Virtual Classes,
January 8th/9th Start
Course List

| Language | Friday 6:00 p.m. to 8:30 p.m. | Saturday 9:30 a.m. to 12 noon |
|------------|----------------------------------|----------------------------------|
| Albanian | | OPEN |
| Arabic | OPEN | OPEN |
| Bengali | OPEN | |
| Cantonese | OPEN | OPEN |
| Farsi | OPEN | |
| German | | OPEN |
| Greek | | OPEN |
| Gujarati | | OPEN |
| Hindi | OPEN | OPEN |
| Japanese | | OPEN |
| Korean | | OPEN |
| Mandarin | OPEN | OPEN |
| Punjabi | | OPEN |
| Russian | OPEN | |
| Sanskrit | OPEN | |
| Serbian | OPEN | |
| Spanish | OPEN | OPEN |
| Tamil | | OPEN |
| Telugu | OPEN | OPEN |
| Turkish | OPEN | |
| Urdu | | OPEN |
| Vietnamese | | OPEN |

| | |
|------|---------------|
| | Not available |
| OPEN | Available |

*Eligible students can register for a maximum of
2-1/2 hours per week per language.