

### ADULT AND OUT-OF-BOARD STUDENT REGISTRATION INSTRUCTIONS

DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER BEFORE EDITING.

Complete this check list:

#### Out-Of-Board High School Students:

- Complete the attached form in full
- Send completed form to your guidance counsellor for verification and sign-off approval
- Attach a copy of your Transcript
- Email the completed registration package and Transcript in one email to [ConEd@hdsb.ca](mailto:ConEd@hdsb.ca)

#### Adult Learners (18 years of age and over):

- Collect **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.](#)

- Complete the registration package in FULL and email it and all Proof of Identity documents to [ConEd@hdsb.ca](mailto:ConEd@hdsb.ca)

Once all documents are received, you will be contacted with login information. If you have indicated on your registration form that you wish to speak with a Counselor to discuss an education plan, we will contact you to schedule an appointment.

**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.

### Non-HDSB and Adult Student registration form

905-632-2944 [www.garyallan.ca](http://www.garyallan.ca) [ConEd@hdsb.ca](mailto:ConEd@hdsb.ca)

• Save this form to your computer and complete in full

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: _____<br>YYYY/MM/DD              |                                 |
| Address:   |                   |   |                                 |
| Number   | Street Name       | Apt. No.  | City Postal Code                |
| Phone Number:  | Country of Birth: | Date of entry into Ontario: _____<br>YYYY/MM/DD |                                 |
| Alternate number:  | Citizenship:      | Email:  |                                 |
| 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 (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: _____         |  |
| <b>If an Epipen is required, please contact <a href="mailto:ConEd@hdsb.ca">ConEd@hdsb.ca</a> to request additional forms</b>                        |  |

### 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:      |      |             |
| <b>If <u>not</u> a current HALTON PUBLIC SCHOOL BOARD student:</b>   |                    |      |             |
| 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: _____<br>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: _____<br>Last Grade attended: _____ Year: _____                    |                    |      |             |
| If <u>No</u> , provide the name of the most recent school attended outside of Ontario: _____<br>Last Grade attended: _____ Year: _____                 |                    |      |             |

### PARENT/LEGAL GUARDIAN OR EMERGENCY CONTACT INFORMATION

|  |  |
|--|--|
| 1. If <b>NO ACCESS</b> , 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:<br><input type="checkbox"/> Mother <input type="checkbox"/> Step Parent<br><input type="checkbox"/> Father <input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Access to Student <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student<br><input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records<br><input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language |
| 2. If <b>NO ACCESS</b> , 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:<br><input type="checkbox"/> Mother <input type="checkbox"/> Step Parent<br><input type="checkbox"/> Father <input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Access to Student <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student<br><input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records<br><input type="checkbox"/> Receives Mail <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 completed registration form, verified and endorsed by their home school guidance office, and a credit Counselling Summary or Transcript to [coned@hdsb.ca](mailto:coned@hdsb.ca) or fax to (905) 637-5390
- Adult students** must attach [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 email 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 permanent educational record.

**\* A course will be cancelled if it does not have sufficient enrolment. Please check [www.garyallan.ca](http://www.garyallan.ca) for course listings. All students are required to log into their Night School 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

| COURSE NAME | COURSE CODE |
|-------------|-------------|
|             |             |

### 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:**  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) | High School Name   |
| School Administrator/Designate Signature           | BSID# Phone Number |