

GARY ALLAN HIGH SCHOOL

ADULT LEARNER REGISTRATION FORM

DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER WITH A
NEW FILE NAME PRIOR TO COMPLETION.

Complete this registration package if you are uncertain of which courses
best suit your needs. Be certain to read and follow all instructions.

- Contact your most recent school to obtain a copy of your High School Transcript (if applicable)
- Collect **each** of the following Proof of Identity documents:
 - 1 Proof of Citizenship
 - 1 Proof of Date of Birth
 - 2 documents showing Proof of Ontario Residency.

[See all acceptable documents here. **No other documents will be accepted.**](#)

- Complete the registration package in FULL and email it, your transcript (if applicable), and all Proof of Identity documents to 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, or use a PDF editor to create a digital signature.



Proof of Identification requirements

for Adult (18 years of age+) or all Out of Board, non-HDSB students

In order to register for any HDSB programs, the following 3 types of documentation must be submitted at time of registration: Proof of Citizenship, Proof of Date of Birth, AND Proof of Ontario Residency. See below for acceptable submissions. No other types of documentation will be accepted.

1. Proof of Citizenship – Any **ONE** of the following:
 - Birth Certificate
 - Passport
 - Immigration Papers
 - Canadian Citizenship Documents
 - Permanent Resident Card

2. Proof of Date of Birth – Any **ONE** of the following:
 - Birth Certificate
 - Passport
 - Immigration Papers
 - Canadian Citizenship Documents

3. Proof of Ontario Residency - any **TWO** of the following:
 - Current lease or Deed
 - Current utility bill
 - Current property tax bill
 - Current motor Vehicle Ownership and Insurance
 - Original Interim property Tax Bill
 - Current bank statement
 - Original credit card statement
 - Recent correspondence from a government agency
 - Most recent original Income Tax Assessment
 - Recent correspondence from a Municipal, Federal or Provincial Government Agency

If an Adult Learner or Out of Board student does not have any of the above documentation to prove residency, an emergency contact/guardian who lives at the same address must be indicated on page 2 of the registration form and 'Lives with student' must be checked off. Proof of Ontario Residency in that person's name must then be submitted.

Note: Driver's license/Heath Card are not acceptable, as in some cases you may hold an Ontario Drivers licence/Heath card and no longer permanently reside in Ontario

Ensure that all documents are clear and legible. If submitting photos of documents, the photo must be taken straight-on, be in focus, and have no glare.

Applications with missing or unclear documentation will not be processed.

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ADULT LEARNER 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</small>	<small>Street Name</small>	<small>Apt. No.</small>	<small>City</small>	<small>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"/> Father	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Custody
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other : _____	<input type="checkbox"/> Receives Mail	<input type="checkbox"/> Speaks School Language
		<input type="checkbox"/> Lives with student	<input type="checkbox"/> Access to Records

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

I BELIEVE THAT COMPLETION OF COURSE(S) ABOVE WILL FULFILL MY DIPLOMA REQUIREMENTS YES NO

I WILL BE APPLYING TO COLLEGE/UNIVERSITY UPON COMPLETION OF THE ABOVE COURSE(S) COLLEGE UNIVERSITY N/A

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