

Gary Allan Learning Centres Adult Class Credit Registration Form

Download and save this form to your computer with a new file name prior to completion.

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

- Contact your most recent school to obtain a copy of your High School Transcript
- Collect **each** of the following **FOUR** 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
- Email the completed registration package, your transcript, and all Proof of Identity documents to ConEd@hdsb.ca

Once all documents are received, you will be contacted with more 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.

Please allow 2 to 4 business days to process your registration.

Applications with missing or unclear documentation will not be processed.

Gary Allan Learning Centres

Adult Class Credit Registration Form

Attach Proof of Citizenship, Date of Birth, and Ontario Residency, and your High School Transcript if applicable

• Attach **Proof of Citizenship, Date of Birth, and Ontario Residency**, and your High School Transcript if applicable

• Email all 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"/> 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 SELECTION

COURSE NAME	COURSE CODE	SESSION	A.M. OR P.M.	COURSE LOCATION

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 THE COURSES (S) MENTIONED ABOVE WILL QUALIFY ME FOR MY DIPLOMA YES NO

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

* IF 'YES', WE WILL CONTACT YOU TO SCHEDULE A PHONE 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

Complete this Check list before submitting your application.

In order to register for any HDSB programs, the following documentation **must** be submitted at time of registration: Proof of Citizenship, Proof of Date of Birth, AND Proof of Ontario Residency.

NO OTHER FORMS of documentation will be accepted.

Please indicate which form of Proof of Citizenship you have attached.		
Select ONE of the following:		
Birth Certificate <input type="checkbox"/>	Immigration Papers <input type="checkbox"/>	Permanent Resident Card <input type="checkbox"/>
Passport <input type="checkbox"/>	Canadian Citizenship Documents <input type="checkbox"/>	Refugee Documents <input type="checkbox"/>

Please indicate which form of Proof of Date of Birth you have attached.		
Select ONE of the following:		
Birth Certificate <input type="checkbox"/>	Immigration Papers <input type="checkbox"/>	Baptismal/Faith Record <input type="checkbox"/>
Passport <input type="checkbox"/>	Canadian Citizenship Documents <input type="checkbox"/>	

Please indicate which form of Proof of Ontario Residency you have attached.		
Select TWO of the following:		
Current Lease or Deed <input type="checkbox"/>	Current Property Tax Bill <input type="checkbox"/>	Current Home Utility Bill <input type="checkbox"/>
Current Motor Vehicle Ownership <input type="checkbox"/>	Original Credit Card Statement <input type="checkbox"/>	Current bank statement <input type="checkbox"/>
Recent correspondence from a Municipal, Federal or Provincial Government Agency <input type="checkbox"/>	Most recent original Income Tax Assessment <input type="checkbox"/>	
<p>Note: Driver's license/Health Card are <u>not acceptable</u>, as in some cases you may hold an Ontario Drivers licence/Health card and no longer permanently reside in Ontario</p>		

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.

- I confirm that I have attached the FOUR required documents as listed above
- I confirm that I have downloaded and saved this registration form to my computer prior to completion and filled it out entirely

Applications with missing or unclear documentation will not be processed.

[Email completed registration form and all required documents to ConEd@hdsb.ca](mailto:ConEd@hdsb.ca)

Once all documents are received and processed, you will be contacted with more information.