

Gary Allan Learning Centres Summer School

Grade 9-12 Registration Form for Non-HDSB students

Summer School use only

IMPORTANT NOTES: Download this form to your computer with a new file name prior to completion.

- Current HDSB students MUST register through their MyBlueprint account.
- Students from schools outside of the HDSB must email completed registration forms to their Home School Guidance Counsellor who must approve the registration, attach a current Credit Counselling Summary, then email the forms to summerschool@hdsb.ca
- Visa students – Please contact Gary Allan Learning Centres, Burlington (summerschool@hdsb.ca) for registration information
- Courses offered are for high school credit. They are not general interest courses.
- If the student has an IEP, be sure to send a copy to the summer school teacher on the first day of instruction.
- We do not confirm receipt of registration forms. An email will be sent to all registered students on July 2nd with further instructions.
- A course will be cancelled if it does not have sufficient enrolment. Please refer to www.garyallan.ca for cancelled courses 48 hours before the first class. Otherwise, please log into your Summer School course on the first day of class.

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 Citizenship:	Status in Canada:	Date of entry into Ontario (if applicable) _____ YYYY/MM/DD
Country of Birth:		
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
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:	
Number	Street Name City Postal Code
School Phone Number:	School Fax Number:
School BSID Number:	School Email:
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: _____	

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PARENT AND/OR LEGAL GUARDIAN INFORMATION

1. If **NO ACCESS**, legal documentation required. Documentation Received: Yes No Not applicable

Last Name: _____ First Name: _____ Male Female

Home No. _____ Cell No. _____ Email: _____

Relationship:

Mother Step Parent Access to Student No Access Lives with Student

Father Foster Parent Guardian Custody Access to Records

Legal Guardian Receives Mail Speaks School Language

2. If **NO ACCESS**, legal documentation required. Documentation Received: Yes No Not applicable

Last Name: _____ First Name: _____ Male Female

Home No. _____ Cell No. _____ Email: _____

Relationship:

Mother Step Parent Access to Student No Access Lives with Student

Father Foster Parent Guardian Custody Access to Records

Legal Guardian Receives Mail Speaks School Language

COURSE INFORMATION

Course Code*	Section (A, B, C, D,E, or O)	Course Name

*To enroll in both Civics and Careers, enter both course codes

PARENT/GUARDIAN/STUDENT AUTHORIZATION

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.

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 homeschool for all adult/out of Board students to confirm eligibility to take the above course.

Verification: Please indicate documentation provided 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 _____

All communication will be via the student email address you have provided on this form.

For the most up-to-date Summer School information including all course updates/cancellations, please refer to www.garyallan.ca

Complete this Check list before submitting your application.

In order to register for any HDSB programs, students who currently attend a day school that is not a part of the Halton District School Board must send the completed registration package to their home school Guidance Counselor.

The Counselor must verify accuracy of the information on the form and complete the 'Current Home School Use Only' section of the form.

The counselor must then submit the completed registration package to summerschool@hdsb.ca and attach a current Credit Counseling Summary.

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 downloaded and saved this registration form to my computer prior to completion and filled it out accurately and in its entirety
- I confirm that I have reviewed the [Full Summer School Information](#) and [Frequently Asked Questions](#)

Applications with missing or unclear documentation will not be processed.

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

Non-HDSB students will be contacted by July 2nd with further information.

Please refer to www.garyallan.ca for the most current and up-to-date information.