

REGISTRATION INSTRUCTIONS

DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER 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 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

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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

| | |
|---|--|
| 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** must attach 2 *Proof of Ontario residency* documents (Current utility, property tax, home phone/cable/internet bill, or a 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 information via email in the week prior to the course start date**
- For the most current program information please refer to www.garyallan.ca or follow us on social media:**
- <https://twitter.com/garyallanschool> <https://www.instagram.com/garyallanschool/> facebook.com/GaryAllanSchool/ facebook.com/HaltonElementaryInternationalLanguageProgram/
- 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 / LOCATION (BURLINGTON/OAKVILLE/MILTON) | 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 and Indigenous Languages Elementary 2021-2022 Course list

Friday Evening Classes, September 24th - June 3rd, 6:00 p.m. - 8:30 p.m.

| LANGUAGE | Burlington | Oakville | | | Milton |
|-----------|----------------------------------|----------------------------|-----------------------------------|--------------------------------|----------------------------------|
| | Alton Village PS | Palermo PS | Post's Corners PS | Sunningdale PS | Viola Desmond PS |
| Arabic | - | - | ✓ | - | ✓ |
| Bengali | - | - | - | - | ✓ |
| Cantonese | - | - | - | - | ✓ |
| Hindi | - | - | ✓ | - | ✓ |
| Mandarin | - | - | - | - | ✓ |
| Russian | - | - | - | - | ✓ |
| Sanskrit | - | - | - | - | ✓ |
| Spanish | - | - | - | - | ✓ |
| Telugu | - | - | - | - | ✓ |
| Turkish | ✓ | - | - | - | - |
| Urdu | - | - | - | - | ✓ |

Saturday Morning Classes, September 25th - June 4th, 9:30 a.m. - 12:00 p.m.

| LANGUAGE | Burlington | Oakville | | | Milton |
|------------------|----------------------------------|----------------------------|-----------------------------------|--------------------------------|----------------------------------|
| | Alton Village PS | Palermo PS | Post's Corners PS | Sunningdale PS | Viola Desmond PS |
| Albanian | - | - | ✓ | - | - |
| Anishinaabemowin | - | - | ✓ | - | - |
| Arabic | ✓ | - | - | - | ✓ |
| Cantonese | - | - | ✓ | - | - |
| German | - | - | - | ✓ | - |
| Greek | ✓ | - | - | - | - |
| Gujarati | ✓ | - | - | - | - |
| Hindi | ✓ | - | - | - | - |
| Japanese | - | - | ✓ | - | - |
| Korean | - | - | ✓ | - | ✓ |
| Mandarin | ✓ | ✓ | - | - | - |
| Marathi | ✓ | - | - | - | - |
| Punjabi | - | - | ✓ | - | ✓ |
| Russian | ✓ | - | - | - | - |
| Serbian | - | - | ✓ | - | - |
| Spanish | ✓ | - | - | ✓ | - |
| Tamil | - | - | ✓ | - | - |
| Telugu | - | - | ✓ | - | - |
| Turkish | - | - | ✓ | - | - |
| Urdu | - | - | ✓ | - | - |
| Vietnamese | - | - | ✓ | - | - |
| Yoruba | - | - | - | - | ✓ |

If you require any further information, please contact us at
www.garyallan.ca , through e-mail at int-lang@hdsb.ca, or 905-632-2944 ext. 148

Tel.: (905) 632-2944 • fax: (905) 637-5390 • www.garyallan.ca