

REGISTRATION INSTRUCTIONS

DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER † @= " V- † '7@ V° U - ' 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	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