

REGISTRATION INSTRUCTIONS

Students currently participating in the HDSB IILE program do not need to re-register.

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 login 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

Student Registration Form

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 from outside the HDSB** must attach [2 Proof of Ontario residency documents](#) (Current utility, property tax, home phone/cable/internet bill, or 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*
- * For Virtual classes, students will receive course and login information via email in the week prior to the course start date.
All students are required to log into their class on the first day of classes.*
- 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.
 Students cannot take the same language on both Friday Night and Saturday Mornings.

COURSE LANGUAGE	DAY OF WEEK, DELIVERY MODEL	LOCATION (IN-CLASS DELIVERY ONLY)
	<input type="checkbox"/> FRIDAY NIGHT IN-CLASS	<input type="checkbox"/> BURLINGTON <input type="checkbox"/> MILTON <input type="checkbox"/> OAKVILLE
	<input type="checkbox"/> FRIDAY NIGHT VIRTUAL	
	<input type="checkbox"/> SATURDAY MORNING IN-CLASS	<input type="checkbox"/> BURLINGTON <input type="checkbox"/> MILTON <input type="checkbox"/> OAKVILLE
	<input type="checkbox"/> SATURDAY MORNING VIRTUAL	

**** IMPORTANT NOTE: CLASSES ARE CONDITIONAL ON ENROLLMENT. IF A COURSE DOES NOT HAVE SUFFICIENT ENROLLMENT, REGISTRANTS WILL BE OFFERED THE OPTION TO SWITCH DELIVERY METHODS PENDING AVAILABILITY IN THE COURSE.****

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

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 for your child.		
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 for your child.		
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 which are in the name of one of the emergency contacts you have listed on the form.		
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 not acceptable, 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 entirety

Applications with missing or unclear documentation will not be processed.

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

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