

# Gary Allan Learning Centres Summer School

Date received by home school:

## 2022 Grade 8 High School Summer Reach Ahead Credit Registration Form

Summer School use only

### IMPORTANT NOTES

- Please email the completed registration form to **Ya summerschool@hdsb.ca** or fax to **(905) 637-5390**
  - Proof of Residency must accompany the application
  - Visa students – Please contact Gary Allan Learning Centres, Burlington (905-632-2944), for registration information
  - If the student has an IEP, be sure to give a copy to the summer school teacher on the first day of instruction.
- \*\*\* We do not confirm registration. A course will be cancelled if it does not have sufficient enrolment.\*\*\***

### 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"/> 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

**\*\*If an Epipen is required, additional Medical Forms are necessary. Please ask staff\*\***

Immunization Record Complete? (NOT Covid Vaccination)	<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: _____

### 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:
<b>If <u>not</u> a current HALTON PUBLIC SCHOOL BOARD student:</b>	
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:	<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"/> Access to Student <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail	<input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Lives with Student <input type="checkbox"/> Access to Records

2. If **NO ACCESS**, legal documentation required. Documentation Received:  Yes  No  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"/> Access to Student <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail	<input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Lives with Student <input type="checkbox"/> Access to Records

## COURSE INFORMATION

Course Code	Course Name	Location

Location codes: Dr Frank Hayden= A; Iroquois Ridge=B; Garth Webb=C; Craig Kielburger=D; Georgetown=E; Remote=O

## 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
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## CURRENT HOME SCHOOL USE ONLY

**AUTHORIZATION: To be completed by the home school 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# <span style="float: right;">Phone Number</span>

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](http://www.garyallan.ca)**

# Gary Allan Learning Centres Summer School

## 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 <b>Proof of Citizenship</b> you have attached for the registrant.		
Select <b>ONE</b> 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 <b>Proof of Date of Birth</b> you have attached for the registrant.		
Select <b>ONE</b> 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 <b>Proof of Ontario Residency</b> you have attached for the registrant if over 18 years of age, or are in the name of one of the emergency contacts you have listed on the form.		
Select <b>TWO</b> 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><b>Note:</b> 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.**

- @ \_\_\_\_\_ @ \_\_\_\_\_ 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 summerschool@hdsb.ca](mailto:summerschool@hdsb.ca)