

Gary Allan Learning Centres Summer School

Grade 9-12 Full Credit Registration Form for Non-HDSB students and Adult learners

Summer School use only

IMPORTANT NOTES *Please print clearly and fill out all fields. Incomplete or illegible forms will not be processed.*

- Current HDSB students MUST register through their MyBlueprint account.
- Students from schools outside of the HDSB and Adult Students must email completed registration forms, Proof of Citizenship, Proof of Ontario residency and current Credit Counselling Summary 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 June 30th 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? (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: _____	
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: _____	

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"/> 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: 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"/> Lives with Student <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language

COURSE INFORMATION

Course Code	Course Name	Location

Location codes: Dr Frank Hayden = A; Garth Webb = C; Craig Kielburger = D; 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

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# 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, 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 the registrant.		
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 the registrant.		
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 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 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 <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)