

ADULT CLASS CREDIT REGISTRATION

DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER.

Please complete this check list:

- Contact your most recent school to obtain a copy of your High School Transcript (if applicable)

- Collect **each** of the following Proof of Identity documents:
 - 1 Proof of Citizenship
 - 1 Proof of Date of Birth
 - 2 documents showing Proof of Ontario Residency.

[See all acceptable documents here. **No other documents will be accepted.**](#)

- Complete the registration package in FULL and email it, your transcript (if applicable), and all Proof of Identity documents to ConEd@hdsb.ca

Once all documents are received, you will be contacted with more information. If you have indicated on your registration form that you wish to speak with a Counselor to discuss an education plan, we will contact you to schedule an appointment.

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, or use a PDF editor to create a digital signature.

2020-2021 Course Listing

Session 3 (Jan 11 - Feb 26)		Session 4 (Mar 1 - Apr 26)		Session 5 (May 3 - June 18)	
AM Course(s)	PM Course(s)	AM Course(s)	PM Course(s)	AM Course(s)	PM Course(s)
MHF4U1 MAP4C1	SCH4U1 SCH4C1 SCH3U1	MCV4U1 MDM4U1	MHF4U1 MAP4C1	MEL3E1 MEL4E1 MCT4C1	SPH3U1 SPH4C1 SPH4U1
SBI4U1 SBI3U1 SBI3C1	MCR3U1 MBF3C1 MCF3M1	MCR3U1 MBF3C1 MCF3M1	SBI4U1 SBI3U1 SBI3C1	SCH4U1 SCH4C1 SCH3U1	MCV4U1 MAP4C1
ENG4U1 ENG4C1	OLC4O1 ENG4E1 ENG3E1	OLC4O1 ENG4E1 ENG3E1	ENG4U1 ENG4C1	CGG3O1 CHY4U1	ENG4U1 ENG4C1
GLS4O1 GWL3O1 HIP4O1	ENG3C1 ENG3U1	HHS4U1 HHS4C1 HSP3U1	GLS4O1 GWL3O1 HIP4O1	ENG3C1 ENG3U1	BTA3O1 BOH4U1 BBB4M1

*Due to the Covid-19 Pandemic, until further notice all courses will be in a Virtual, synchronous learning format as per the course dates and times specified in the Session Schedule *

[Course Descriptions](#)

Courses offered are dependent on enrollment and will not be offered if enrollment is low.

*There is no cost to Ontario Residents to participate in the program. Fees apply for International/Out of Province Student

- Save this form to your computer, then complete in full
- Attach **Proof of Citizenship, Date of Birth, and Ontario Residency**, and your High School Transcript if applicable
- Email all to coned@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: _____ <small>YYYY/MM/DD</small>	
Address:			
<small>Number</small>	<small>Street Name</small>	<small>Apt. No.</small>	<small>City</small> <small>Postal Code</small>
Phone Number:	Alternate Number:	Email:	
Country of Citizenship:	Status in Canada:	Date of entry into Ontario (If applicable): _____ <small>YYYY/MM/DD</small>	
Country of Birth:			
Additional Student Information (if required):			

MEDICAL INFORMATION

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? Yes No

_____ Life Threatening? Yes No

SCHOOL INFORMATION

Has the student ever attended a school in Ontario? Yes No If yes, School Name: _____

Name of last school attended outside of Ontario:	Country:	Grade:
	City:	Year:

EMERGENCY CONTACT INFORMATION

Last Name:	First Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home No.	Cell No.	Email:	
<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Access to Student	<input type="checkbox"/> No Access
<input type="checkbox"/> Father	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Custody
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other : _____	<input type="checkbox"/> Receives Mail	<input type="checkbox"/> Speaks School Language
		<input type="checkbox"/> Lives with student	<input type="checkbox"/> Access to Records

COURSE SELECTION

COURSE NAME	COURSE CODE	SESSION	A.M. OR P.M.	COURSE LOCATION

I WISH TO SPEAK WITH SOMEONE ABOUT BY EDUCATIONAL PLAN* YES NO

I WISH TO LEARN MORE ABOUT **MP.L.A.R.** (MATURITY PRIOR LEARNING ASSESSMENT RECOGNITION) * YES NO

I BELIEVE THAT COMPLETION OF THE COURSES (S) MENTIONED ABOVE WILL QUALIFY ME FOR MY DIPLOMA YES NO

I WILL BE APPLYING TO COLLEGE/UNIVERSITY UPON COMPLETION OF THE ABOVE COURSE(S) College University N/A

* IF 'YES', WE WILL CONTACT YOU TO SCHEDULE A PHONE APPOINTMENT

STUDENT AUTHORIZATION : BY SIGNING, YOU CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT

Signature of student	Date
----------------------	------

OFFICE USE ONLY

Proof of Ontario Residency received: Proof of Citizenship received: Proof of Date of Birth received:

Home School Administrator/Designate Name (please print)	Home School Administrator/Designate Signature	Date
---------------------------------------------------------	-----------------------------------------------	------