

## 2019/2020 NIGHT SCHOOL REGISTRATION

### PART A: STUDENT INFORMATION

Legal Last Name		Legal First Name	
Male	DOB (YY/MM/DD)	OEN <b>Mandatory</b>	
Female			
Address			
City		Postal Code	
Phone Number		Email <b>Mandatory</b>	
Citizenship		Birth Country	
Current/Last School Attended			Current Grade
<p><u>Please note:</u> ALL adult and non-HCDSB secondary students must complete the Proof of Citizenship Form (2<sup>nd</sup> page of the registration form)</p>			
<input type="checkbox"/> HCDSB Student	<input type="checkbox"/> ADULT Student	<input type="checkbox"/> VISA Student	<input type="checkbox"/> NON-HCDSB Student

### PART B: EMERGENCY CONTACT INFORMATION

First Name	Last Name
Relationship	
Home Phone	Cell Phone
Medical Conditions	

### REGISTRATION INFORMATION

- HCDSB Students in day school must register through their Student Services Department.
- All NON-HCDSB students must register in person at The Thomas Merton Centre in Oakville and provide the following:
  - Registration Form signed by their Guidance Counsellor**
  - Credit Counselling Summary/Transcript**
  - Proof of Citizenship Form**
  - Fee Paying Students must follow the payment instructions provided by the International Student Program**
- Students must present their final report cards to the teacher by the second night of classes. This will ensure that you have signed up for the proper course and that you have the appropriate pre-requisite. Failure to do so may result in removal from the course.

### REGISTRATION FOR NON-HCDSB STUDENTS

**Registration for adults and non-HCDSB students is available at all three (3)**  
**Thomas Merton Centre locations Mon-Fri from 8:00 am – 4:00 pm.**  
**OAKVILLE – 171 Speers Road BURLINGTON – 460 Brant Street MILTON – 875 Main Street East**

<b>PART C: COURSE INFORMATION</b> (See below for course and location)			
<b>COURSE CODE</b>		<b>LOCATION</b>	
Counsellor Name (please print) _____			
Counsellor Signature _____		Date _____	
<b>Please Note: HCDSB reserves the right to CANCEL, COMBINE or RELOCATE classes due to enrolment.</b>			
<b>PART D: STUDENT RESPONSIBILITIES</b>			
I understand that after three (3) absences I may be asked to withdraw from the course.			
Significant lates will be recorded as half an absence.			
I will be responsible for books, materials or other equipment loaned to me and I will pay for loss or any damage.			
Anyone responsible for vandalism will be required to make reparation and will be withdrawn from the course.			
A fully refundable textbook deposit may be required.			
Students may take only 1 (ONE) course per semester through the Night School Program.			
<b>AUTHORIZATION:</b> By signing this form, I confirm that I have read and understand the information outlined above.			
Parent/Guardian Signature _____		(If Student is under 18 years of age)	
Student Signature _____			

<b>FULL CREDIT: September 18, 2019 – January 15, 2020</b>					
GRADE	CODE	NEW CREDIT	CORPUS CHRISTI	LOYOLA	BISHOP REDING
12	ENG4C1	College ENGLISH	✓	✓	✓
12	ENG4U1	University ENGLISH	✓	✓	✓
12	MCT4C1	College MATH	✓	✓	✓
12	MHF4U1	ADVANCED FUNCTIONS	✓	✓	✓
12	SCH 4C1	College CHEMISTRY	✓	✓	✓
12	SPH 4C1	College PHYSICS	✓	✓	✓
<b>ONE CREDIT COOP: Offered at Loyola (Oakville) and Bishop Reding (Milton)</b>					
GRADE	CODE	PRE-EMPLOYMENT (All Students in class)	INTEGRATION (All Students in class)	PLACEMENT (All Students at placement)	
12	NGC 4O1	September 18, 23 & 25	November 6 & December 18	September 30 – January 8	
110 hours = 1 credit		<b>Attendance at pre-employment and integration nights is mandatory</b>			
<b>NOTE: Travel for Credit course dates are tentative and subject to change based on the publication of trip information.</b>					

<b>FOR OFFICE USE ONLY</b>			
<b>Guidance Initials</b>		<b>Course Code</b>	<b>Section</b>

**HCDSB Student can email registration form to: [nsregistration@hcdsb.org](mailto:nsregistration@hcdsb.org)**  
Registration deadline is September 11, 2019



# Proof of Citizenship Form

This form must be completed by students who **DO NOT** attend a HCDSB Day School

### Pupil's Legal Name

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (YY/MM/DD) \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Gender: Male (✓): \_\_\_\_\_ Female (✓): \_\_\_\_\_ OEN #: \_\_\_\_\_

### Type of Documentation Examined to Verify Eligibility

Type	Details	Expiry Date: (YYYY/MM/DD) - If applicable)	Examined to Verify Eligibility
Canadian Birth Certificate			<input type="checkbox"/>
Canadian Citizen	Date pupil became a citizen:	<b>N/A</b>	<input type="checkbox"/>
Exchange Student	Date stamped:		<input type="checkbox"/>
Landed Immigrant	Date stamped:		<input type="checkbox"/>
Native Ancestry	Date stamped:		<input type="checkbox"/>
Other Visa	Date stamped:		<input type="checkbox"/>
Passport	Date stamped:		<input type="checkbox"/>
Permanent Resident	Date (see back of card):	<b>N/A</b>	<input type="checkbox"/>
Refugee	Date stamped:		<input type="checkbox"/>
Student Visa	Arrival Date:		<input type="checkbox"/>

### Student (or Parent/Guardian if student is under 18 years of age)

I certify that all the information provided for registration is accurate. Misrepresentation may negate registration process.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Note:** Please read registration and program information included in this package.

1. All day school students must have school authorization.
2. Thomas Merton reserves the right to cancel, combine and/or relocate classes.
3. A refundable \$90.00 textbook deposit may be collected if a textbook is required.
4. Fee paying students must attach a certified cheque for \$1650. Please make cheque payable to **Halton Catholic District School Board**.