

2020/2021 E-Learning NIGHT SCHOOL REGISTRATION FORM

PART A: STUDENT INFORMATION

Legal Last Name		Legal First Name	
Male	DOB (YY/MM/DD)	OEN Mandatory	
Female			
Address			
City		Postal Code	
Phone Number		Email Mandatory	
Citizenship		Birth Country	
Current/Last School Attended			Current Grade
Please note: ALL adult and non-HCDSB secondary students must complete the Proof of Citizenship Form			
<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

1. HCDSB Students in day school must register through MyBlueprint.
2. All NON-HCDSB students must provide the following:
 - Registration Form signed by their Guidance Counsellor
 - Credit Counselling Summary/Transcript
 - Proof of Citizenship Form
 - Fee Paying Students must attach proof of payment. Payment information is available at <https://isp.hcdsb.org/make-a-payment/>
3. 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 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**

PART C: COURSE INFORMATION (See below for course and location)

COURSE CODE	LOCATION	ON-LINE
Counsellor Name (please print) _____		
Counsellor Signature _____		Date _____

Please Note: HCDSB reserves the right to CANCEL classes due to enrolment.

PART D: STUDENT RESPONSIBILITIES

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Anyone responsible for vandalism will be required to make reparation and will be withdrawn from the course.

Students may take only 1 (ONE) course per semester through the Night School Program.

AUTHORIZATION: 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 _____

FULL CREDIT: February 19 – June 15, 2020

GRADE	CODE	NEW CREDIT	ON-LINE
12	ENG 4CE	COLLEGE ENGLISH	✓
12	ENG 4UE	UNIVERSITY ENGLISH	✓
12	MCT 4CE	COLLEGE MATHEMATICS	✓
12	MHF 4UE	ADVANCED FUNCTIONS	✓
11/12	NGC 4O1	Co-Op EDUCATION (1 credit)	✓
12	SCH 4C1	COLLEGE CHEMISTRY	✓
12	SPH 4C1	COLLEGE PHYSICS	✓

Email registration form to: nsregistration@hcdsb.org.

Registration deadline is September 16, 2020 @ 4:00 pm

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:	N/A	<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):	N/A	<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)

Name (please print): _____

I certify that the information provided on this application is true and correct.
I further understand that any false statements provided by myself may negate the registration process and result in my removal from the program.

Date: _____