

### HWDSB-CCE REGISTRATION FORM



## FULL YEAR CREDIT INTERNATIONAL LANGUAGES 2018-2019

Notice of Collection and Use of Personal Information

Personal information on this form is collected under the legal authority of the Education Act and in compliance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used for planning and delivering educational programs and services which best meet students' needs and for reporting to the Ministry of Education as required. If you have any questions or concerns, direct them to your school principal at jwmoore@hwdsb.on.ca, 905-561-2190 or to the Board's Privacy Office at 905-527-5092 x2303

PART A: STUDENT INFORMATION													
Legal Last Name:				L	Legal First Name:			Middle Name	/iddle Name		D.O.B. MM/DD/YYYY		
Male			Tele	phone (Home	e)		Student	t Nun	nber (ESI	S or PowerSchool)	Enrollme	nt St	art Date
<b>-</b>													
Female Resider		us		Country of	Citizensł	hip		Co	untry of	Birth	Date	of Er	ntry to Canada (үүүү/мм)
Residence Status Country of Citizenship Country of Birth Date of Entry to Canada (YYYY/MM)													
Province of Birth Ontario Entry Date (MM/DD/YYYY) First Language Spoken Language at Home													
Street A	ddress					Apt #			City/Town			Postal Code	
		Γ								email address (H	WDSB stude	ents m	ust use HWDSB account)
OEN #:				-			-						
Last Sc	hool At	tende	d (if a	dult)				C	Current	Grade in Seconda	ry School		
Status:	<mark>All Adu</mark>	<mark>ilts ar</mark>	<mark>id nor</mark>	1-HWDSB Se	condary -	School S	Students I	must	comple	ete the Attestation	form on th	1e 2 <sup>nd</sup>	page of this form.
			HWD	SB STUDEN						VISA STUDENT			DSB STUDENT
								RN	ATIO	NAL LANG	UAGE	5	
				OMANIAN, ( mber 8, 201				sica	Street.	Hamilton) 9 a.m	to 12:30	n m	
CLASS	<b>ES</b> : Se	epterr	nber 1	5, 2018 to J	une 8, 2	019 fror	n 9:00 a.	m. to					School, Final Exam June 1,
2019.	Full-dis	closu	re (fo	r Level 3 & 4	course	s) Febru	uary 2, 20	)19. k (16	5 East	16 <sup>th</sup> Street, Han	ailton) 4.0	0 n r	n to 8:00 n m
													am May 7, 2019.
						o May 16	6, 2018 fr	om 6	6 p.m. t	o 9:30 p.m. at Hil	I Park Lea	rning	Centre, Final Exam May 9,
		closui	e Jar	nuary 31, 20 <sup>-</sup>	19.								
	-	av scł	nool s	tudents mus	t have s	chool a	uthorizati	on fo		coursel			
2.	CCE	Rese	erves	the right to c	ancel, c	ombine	and/or re	eloca	te class	ses - affected stu			
				bay in persor applicable. 9			nent Cen	tre,	110 Kin	g Street West, P	laza Level	(abc	we the Jackson Square Food
,							E_ENG	4111	1				
	PART B: COURSE SELECTION (EXAMPLE – ENG4U1)   1 <sup>ST</sup> CHOICE   2 <sup>ND</sup> CHOICE												
PART	C: DA	Y SC	СНО	OL INFOR	ΙΑΤΙΟ	N & AU	THORIZ	ZAT	ONS				
				olicable):									
						School Stamp							
Name of	Name of Counselor (PRINT)   Signature of Counselor   Or Seal						Seal						
	(STUDENT SERVICES – PLEASE KEEP A COPY OF THIS												
Ame of Principal/Designate (Print) Signature of Principal/Desi					siana	gnate							
ADDITIONAL NOTES:													
Signature of Parent/Guardian Signature of Student (if over 18)													
*by signing I agree to comply with the CCE Academic Honesty policy (www.hwdsb.on.ca/cce) PART D: FOR CCE OFFICE USE ONLY													
DATE OF REGISTRATION: APPROVED BY CCE COUNSELLOR:													
INFORMATION CONFIRMED BY, CCE STAFF:													

# **Pupil Eligibility Attestation Form**

(must be completed for all students who don't attend an HWDSB Day School)

#### Pupil's Legal Names

Surname	_ First Name	Mide	dle Name _			_
Birth Date (Year, Month, Day):		_ Pupil's Country of Bi	rth:			_
Date of First Entry to Canada (Year, Month, Day)	):		Gender:	Male 🗆	Female	

## Type of Citizenship and Immigration Canada Documentation Examined to Verify Eligibility

Туре	Details	Expiry Date (if applicable)	Examined to Verify Eligibility
Canadian Birth Certificate			
Canadian Citizen	Date Pupil became a Citizen:	N/A	
Confirmation of Permanent Residence	Date Pupil became a Permanent Resident:		
Permanent Residence Card	Date (see back of card):		
Pending Permanent Residence Card	Date Stamped:	N/A	
Study Permit	Date signed:		
Visitor Record	Date signed:		
Consideration of Eligibility (Convention Refugee)	Date stamped:		
Passport	Date Stamped:		
Other (please specify)	Date signed/stamped:		

I certify that the information contained on this form is accurate and that I have examined the applicable documentation as indicated. Student (or Parent/Guardian if student is under 18 years of age)

Name (please print):	
Signature:	
Date:	

#### School Board or School Official

Name (please print):	
Signature:	
Date:	