

SEMESTER 1 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:		Legal First Name:		Middle Name	D.O.B. MM/DD/YYYY
Male <input type="checkbox"/>	Telephone (Home)		Student Number (ESIS or PowerSchool)		Enrollment Start Date
Female <input type="checkbox"/>					
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 Address			Apt #	City/Town	Postal Code
OEN #:					email address (HWDSB students must use HWDSB account)
Last School Attended (if adult)			Current Grade in Secondary School		
Status: All Adults and non-HWDSB Secondary School Students must complete the Attestation form on the 2nd page of this form. <input type="checkbox"/> HWDSB STUDENT <input type="checkbox"/> ADULT STUDENT <input type="checkbox"/> VISA STUDENT <input type="checkbox"/> NON-HWDSB STUDENT					

SEMESTER ONE CREDIT INTERNATIONAL LANGUAGES

SIR JOHN A. MACDONALD SECONDARY SCHOOL - MONDAYS AND WEDNESDAYS – 6:00 P.M. TO 9:30 P.M.

ARABIC Levels 1 & 2: September 24, 2018 to January 23, 2019

Exams: Mid-Term November 14, 2018, Final January 21, 2019.

WESTDALE SECONDARY SCHOOL – MONDAYS AND WEDNESDAYS - 6:00 P.M. TO 9:30 P.M.

MANDARIN Levels 3 & 4: September 24, 2018 to January 23, 2019

Exams: Mid-Term November 14, 2018, Final January 21, 2019. Full-disclosure November 21, 2018 (Level 3 & 4)

ST. MARI'S ASSYRIAN CHURCH - MONDAYS AND WEDNESDAYS - 6:00 P.M. TO 9:30 P.M.

ASSYRIAN Levels 1 & 2 September 24, 2018 to January 23, 2019

Exams: Mid-Term November 14, 2018, Final January 21, 2019.

PLEASE NOTE: HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD RESERVES THE RIGHT TO CANCEL, COMBINE OR RELOCATE CLASSES DUE TO ENROLMENT.

PART B: COURSE SELECTION (EXAMPLE –ENG4U1)

1 ST CHOICE _____	2 ND CHOICE _____
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PART C: DAY SCHOOL INFORMATION & AUTHORIZATIONS

Current Day School (if applicable):		School Stamp or Seal (STUDENT SERVICES – PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS)
Name of Counselor (PRINT)	Signature of Counselor	
Name of Principal/Designate (Print)	Signature of Principal/Designate	
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 _____ Middle Name _____

Birth Date (Year, Month, Day): _____ Pupil's Country of Birth: _____

Date of First Entry to Canada (Year, Month, Day): _____ Gender: Male Female

Type of Citizenship and Immigration Canada Documentation Examined to Verify Eligibility

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

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:	

NOTES:

1. PLEASE READ REGISTRATION AND PROGRAM INFORMATION ON PAGE 2 OF THIS PACKAGE.
2. All day school students must have school authorization for every course!
3. CCE Reserves the right to cancel, combine and/or relocate classes – affected students will be notified.

VISA STUDENTS must pay in person at the Assessment Centre, 110 King Street West, Plaza Level (above the Jackson Square Food Court). Course fees are applicable. 905- 521-2554