

HWDSB-CCE REGISTRATION FORM D2L HYBRID NIGHT SCHOOL PROGRAM



(please see Privacy of Information statement on the reverse of this page)

PART A: STUDENT IN	NFORMATION							
Legal Last Name		Legal First Name		Middle Name			D.O.B. MM/DD/YYYY	
Male Telephone Home/Cell		Student Number (ESIS or PowerSch			IS or PowerSchool)	Enrollment	_ Start Date	
Female L	Country of Cition	ahin		0	f Diath	Data of	Futurta Canada	
Residence Status Country of Citizer		isnip		Country of Birth		Date of	Date of Entry to Canada (YYYY/MM)	
Province of Birth Ontario Entry Date		_		First Language Spoken		Langua	Language at Home	
Province of Birth Ontario Entry Date		E (MM/DD/YYYY)		That Language Spoken		Langua	Language at Home	
Street Address		Apt #		City/Town			ostal Code	
Officer Address		Ар г #		City/Town		'	ostai oode	
				1 1	esti addusas <mark>unum</mark> e	<u> </u>	-	
OEN #:	-	_		en	naii address (HWDS	iB students mu	st use HWDSB account)	
Total Secondary School C	d	Current Grade/Year of Secondary		ry Current HW	Current HWDSB School			
				School				
				7				
Status: L *FUL	L TIME HWDSB ST	TUDENT	L	∆ ADULT	STUDENT	⊔ H	IWDSB VISA STUDENT	
Program Details:	01 - 1-1 - 4 10 9-1 - + 1 BA	VDOD - to do ot	A -114	! ! !\A/D.O	ND Vice Ottedent			
 Programs are available to eligible* HWDSB students, Adults and HWDSB Visa Students. All D2L Hybrid Night School students who are currently registered in an HWDSB day school must have permission from their day school to 								
register and must	provide a signed an	d sealed copy	of this fo	rm at time	of registration.		•	
	not been assessed : our assessment is fr		ore than 4	+ courses to	o graduate snould fir	rst book a Cred	dit Assessment by calling	
 Adults who require 	e 4 or fewer courses	s to graduate o					n register at Hill Park.	
A fee of \$1662.50– please call ahea		urse is require	d for all li	nternationa	l students. Contact t	the Assessmei	nt Centre at 905-521-2554 ext. 2324	
*HWDSB Students are or	alv eligible if they	are full-time	Grado 1	2 HWDSE	s etudente takina	8 courses at	their day school and	
require an extra credit to	graduate. Studer	nts wishing to	take a D	2L Hybrid	Night School cours	se due to sch	eduling issues are required	
to have permission from th		efore registerii	ng – plea	ase discus	s with your Principa	al or Guidance	e Counsellor.	
PART B: COURSE SE	LECTION			Cours				
Course				Cours	e 2			
								
PART C: DAY SCHOO	L INFORMATI	ON & AUTH	HORIZ <i>A</i>	ATIONS				
						0 - 1		
Name of Counselor (Print)	Sig	nature of Cou	nselor		-		nool stamp	
Name of Courseior (Finit)		nature or oou	1136101				or seal	
							ERVICES – PLEASE KEEP A IS FORM FOR YOUR RECORDS)	
Name of Principal/Designate (Print) Signature of Principal/De			signate					
ADDITIONAL NOTES:	_							
	*hv si	Signature of l			th the CCE Academic H		rudent (if over 18)	
PART D: FOR CCE O	•		, rugice li	o oompiy wit	and GOL Adadeniic Ti	onesty policy (W		
Date of Registration:								
APPROVED BY CCE COUN					PS #	t: ESIS	#:	
PS School Name:Status:							···	
	 -							

Pupil's Legal Names

Surname

Pupil Eligibility Attestation Form

(must be completed for all students who don't attend an HWDSB Day School – bring your proof of address and proof of eligibility to registration)

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

First Name_____Middle Name_____

Date of First Entry to Canada (Year, Month, Day): Gender: Male() Female() Undisclosed()							
Type of Citizenship and	d Immigration Canada D						
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):		0				
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/ Parent or Guardian (if student is under 18 years of age)							
Name (please print):							
Signature:							
Date:							
School Board or School Official							
Name (please print):							
Signature:							
Date:							

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 ext. 2303