

# HWDSB-CCE REGISTRATION FORM



## **SEMESTER 2 CREDIT NIGHT SCHOOL 2017-2018**

PART A: STUDENT INFORMATION							
		Legal First Name:		Middle Name		D.O.B. MM/DD/YYYY	
Male Telepho	one (Home)	Student	Student Number (ESIS or PowerSchool)		Enrollment Sta	Enrollment Start Date	
Female							
Residence Status Country of Citizenship		Country of Bi		Birth	Date of Entry to Canada (YYYY/MM)		
Province of Birth Ontario Entry Date (MM/DD/YYYY)		D/YYYY)	First Language Spoken		Language at Home		
Street Address		Apt #	City/Town		Postal Code		
OEN#:	-	-		email address (HV	mail address (HWDSB students must use HWDSB account)		
Last School Attended							
Status: All Adults and non-HV	WDSB Secondary Sch	ool Students n	nust comple	te the Attestation	form on the 2 <sup>nd</sup>	page of this form.	
☐ HWDSB S		ULT STUDENT		ISA STUDENT	_	SB STUDENT	
	SEMES	STER 2 CF	REDIT N	IIGHT SCHO	OL		
	ENGLISH, N	MATHEMA <sup>®</sup>	TICS AND	SCIENCE CO	URSES		
	YS AND THURSDAY						
FULL-CREDIT ONLY: Februar	ry 27 to May 31, 201	.8. Final Exam	i May 29, 2	018. Full-disclosi	ire April 24, 20	J18.	
Please see page 3 of this form for the course and registration details.							
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PLEASE NOTE: HAMILTON-WEN	NTWORTH DISTRICT SCHO	OOL BOARD RESE	RVES THE RIGI	HT TO <u>CANCEL</u> , <u>COMB</u>	INE OR RELOCATI	E CLASSES DUE TO ENROLMENT.	
PART B: COURSE SEL	LECTION (EXAM	PLE -ENG	1U1)				
1 <sup>ST</sup> CHOICE			2 <sup>ND</sup> CH	OICE			
PART C: DAY SCHOOL	INFORMATION &	AUTHORIZ	ATIONS				
Current Day School (if applicable):							
					Schoo	l Stamp	
Name of Counselor (PRINT) Signature of Counselor				or Seal			
	(STUDENT SERVICES – PLEASE KEEP A COPY OF THIS						
Name of Bringing (Basismate (Bring))					FORM FOR YOUR RECORDS)		
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:	ATE 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 Details Expiry Date (if applicable) **Examined to Verify Eligibility** Type Canadian Birth Certificate Canadian Citizen Date Pupil became a Citizen: N/A Confirmation of Permanent Date Pupil became a Permanent Residence Resident: Permanent Residence Card Date (see back of card): П Pending Permanent Residence Date Stamped: N/A Card Study Permit Date signed: Visitor Record Date signed: Consideration of Eligibility Date stamped: (Convention Refugee) 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:

## NOTES:

Signature: Date:

School Board or School Official

Name (please print):

- 1. PLEASE READ REGISTRATION AND PROGRAM INFORMATION ON PAGE 3 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.
- 4. A refundable \$80.00 Textbook Deposit (CASH ONLY) may be collected on the second day of classes. (if a textbook is required)

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



# HWDSB - CCE COURSE OFFERINGS SEMESTER 2 CREDIT NIGHT SCHOOL 2017-2018



# TUESDAYS AND THURSDAYS - 6:00 p.m. to 9:30 p.m. at the Hill Park Learning Centre FULL CREDITS ONLY: February 27 to May 31, 2018

All courses are subject to cancellation, relocation.

Course Name	Course Code	Course Name	Course Code
English	<b>Mathematics</b>		
Grade 11 College English	ENG3C1	Functions	MCR3U1
Grade 11 University English	ENG3U1	Foundations for College Mathematics	MAP4C1
Grade 12 College English	ENG4C1	Mathematics for College Technology	MCT4C1
Grade 12 University English	ENG4U1	Advanced Functions	MHF4U1
Ontario Literacy Course	OLC401	Calculus and Vectors	MCV4U1
		Science	
		Grade 11 College Biology	SBI3C1
		Grade 12 University Biology	SBI4U1
		Grade 12 College Chemistry	SCH4C1
		Grade 12 University Chemistry	SCH4U1

### **REGISTRATION DETAILS & FEES**

- 1. All HWDSB day school students must register with their Guidance Counsellor, an appointment may be required.
- 2. Non-HWDSB students are required to attend a registration night (below) and to provide a completed registration form authorized by their Principal or Guidance Counsellor.
- 2. A refundable \$80.00 Textbook Deposit (CASH ONLY) may be collected on the second day of classes (if a textbook is required).
- 3. VISA STUDENTS must first visit the Assessment Centre, 110 King Street West (take the escalator to the 2nd level from the Jackson Square Food Court). Course fees are applicable. Call 905-521-2554 for details.

Registration for adult and non-HWDSB students will be held at the Hill Park Learning Centre (465 East 16th Street, Hamilton, Ontario):
Tuesday, February 20, 2018, 4:00 to 8:00 p.m.
Thursday, February 22, 2018, 4:00 to 8:00 p.m.

#### NOTES:

- 1. ALL STUDENTS MUST SHOW PROOF OF ADDRESS AND PROOF OF STATUS IN CANADA AT REGISTRATION!
- 2. Students may take only one course per semester through the Night School program.
- 3. Students missing more than three classes may be automatically withdrawn from Night School.

<b>ADULT STUDENT INFORMATION</b>					
Last School Attended:		Diploma Type:			
		o OSSD o OSIS (pre 1999) o SSGD			
	OLC Completed o	O Previous Credits Earned:			
Community Hours NOT Complete	o OLC NOT Complete o	0			
Not Required	Not Required o	Diploma Date: (MM/DD/YYY)			
Participant in OW (Worker's Name):					
Office:		Participant in other program (Worker's Name): Office:			
Eligible for 9/10 PLAR o Yes o No	Eligible for 11/12 PLAR	Referred to Assessment Centre:			
Completed:	o Yes Completed:	o No MM/DD/YYYY Completed:			
MM/DD/YYYY	MM/DD	DD/YYYY MM/DD/YYYY			