

HWDSB-CE REGISTRATION FORM

SEMESTER 2 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 Telep	Telephone (Home) Studen		Number (ESIS or PowerSchool)		Enrollment St	Enrollment Start Date	
Female							
Residence Status			Country of Birth		Date of Entry to Canada (YYYY/MM)		
	•	•				• ,	
Province of Birth Ontario Entry Date (MM/DD/YYYY)		IM/DD/YYYY)	First Language Spoken		Language at Home		
	, , , , , , , , , , , , , , , , , , , ,	•		3	. 55.		
Street Address		Apt#	City/Town		Postal Code		
		1 404					
				omail address (U	MDSB students m	nust use HWDSB account)	
OEN #:	-	-		cinali address (m	WDSD Students II	idst dse HWDSD accounty	
Last School Attended (if a	dult)		Current	Grade in Seconda	ry School		
Status: All Adults and non		School Students ADULT STUDEN		ete the Attestation /ISA STUDENT	_	<mark>' page of this form.</mark> DSB STUDENT	
	STER TWO - C						
_				_		P.M. TO 9:30 P.M.	
ARABIC Levels 3 & 4: Feb			MONDA	IS AND WEDNE	3DA13 0.00	71 10 3.30 1	
Exams: Mid-Term April 1	· ·		isclosure Ap	ril 29. 2019			
•	ALE SECONDARY SO		•	•	- 6:00 P.M. T	O 9:30 P.M.	
MANDARIN Levels 3 & 4							
Exams: Mid-Term April 1			isclosure Ap	ril 29, 2019			
ST. MA	RI'S ASSYRIAN CH	URCH - MOND	AYS AND \	NEDNESDAYS -	6:00 P.M. TO	9:30 P.M.	
ASSYRIAN Levels 3 & 4:	February 25 to June	12, 2019					
Exams: Mid-Term April 1			•				
PLEASE NOTE: HAMILTON-	NENTWORTH DISTRICT S	CHOOL BOARD RES	ERVES THE RIG	HT TO <u>CANCEL</u> , <u>COM</u>	BINE OR RELOCAT	E CLASSES DUE TO ENROLMENT.	
PART B: COURSE S	ELECTION (EXA	MPLE -ENG	34U1)				
1 ST CHOICE 2 ND CHOICE							
							
PART C: DAY SCHOO	L INFORMATION	I & AUTHORIZ	ZATIONS				
Current Day School (if app							
					Schoo	ol Stamp	
Name of Counselor (PRINT) Signature of Counselor		<u> </u>	or Seal		Seal		
,	·						
					ERVICES – PLE OUR RECORDS	ASE KEEP A COPY OF THIS	
Name of Principal/Designa	te (Print) Signature	e of Principal/Des	signate	TORWITORT	OUN NECOND	-) 	
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)					dent (if over 18)	
PART D: FOR CE OFF		ing ragice to con	ipiy with the C	JOE AGAGEIIIG 11011	cary policy (www	v.11vvu3b.011.0a/00 0)	
DATE OF REGISTRATION:		_ APPROVE	D BY CCE CO	OUNSELLOR:			
INFORMATION CONFIRME	D BY. CE STAFF						

Pupil Eligibility Attestation Form

Pupil's Legal Names	First Name	Middle Name	
	First Name		
Birth Date (Year, Month, Day):	Pupil's	Country of Birth:	
Date of First Entry to Canada (Yea	ar, Month, Day):	Gender: Male □ F	Female □
Type of Citizenship an	d Immigration Canada Do	cumentation Evamined	to Verify Fligibility
Туре	Details	Expiry Date (if applicable)	Examined to Verify Eligibility
Canadian Birth Certificate	7		
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):		
Pending Permanent Residence Card	Date Stamped:	N/A	
Study Permit	Date signed:		
Visitor Record	Date signed:		
Consideration of Eligibility	Date stamped:		
(Convention Refugee) Passport	Date Stamped:		
i ussport	bate stamped.		
Other (please specify)	Date signed/stamped:		
	<u>, </u>		
	ained on this form is accurate and that I h	nave examined the applicable docume	entation as indicated.
Name (please print):	if student is under 18 years of age)		
Signature:			
Date:			
Date.			
School Board or School Officia	ıl		
Name (please print):			
Signature:			
Data	1		

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