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HW	<b>VDSB</b>	

## HWDSB-CCE REGISTRATION FORM D2L HYBRID NIGHT SCHOOL PROGRAM (for eligible HWDSB Secondary Students\*)

## 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 Telephone Home/Cell	Student N	lumber (ESIS or PowerSchool)	Enrollment Start Date			
Female						
OEN #:	email address (HWDSB students must use HWDSB account)					
Total Secondary School Credits Accumulat	ed	Current Grade/Year of Secon School	dary Current HWDSB School			
Status: Status: Student HWDSB STUDENT HWDSB VISA STUDENT						
Program Details:						
<ul> <li>Programs are available to eligible* HWDSB students, Adults and HWDSB Visa Students.</li> <li>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 and sealed copy of this form at time of registration.</li> <li>All students must attend a mandatory Orientation session before starting each course.</li> <li>A fee of \$1662.50 (2018-19) per course is required for all International students. Contact the Assessment Centre at 905-521-2554 ext. 2324 – please call ahead.</li> </ul>						
*HWDSB Students are only eligible if they are full-time Grade 12 HWDSB students, taking 8 courses at their day school and require an extra credit to graduate. Students wishing to take a D2L Hybrid Night School course due to scheduling issues are required to have permission from the CE Principal before registering – please discuss with your Principal or Guidance Counsellor.						
PART B: COURSE SELECTION						
Course 1						
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PART C: DAY SCHOOL INFORMAT	ION & AUTHORIZA	TIONS				
			School stamp			
Name of Counselor (Print) Si	gnature of Counselor		or seal			
			(STUDENT SERVICES – PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS)			
	ignature of Principal/De	signate				
ADDITIONAL NOTES:						
*hv	Signature of Parent/Gi starting the course. I agree to		Signature of Student (if over 18) lonesty policy (www.hwdsb.on.ca/cce)			