



CONTINUING EDUCATION - HWDSB

ADULT – CREDIT PROGRAM REGISTRATION FORM

NEW STUDENT
(must also complete a BLUE "Student Registration" form and provide proof of eligibility & Ontario address)
 CURRENT STUDENT

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

Continuing Education Program (check all programs student is registering for today)			
Hill Park ADS <input type="checkbox"/>	City LC ADS <input type="checkbox"/>	FASTtrack HP <input type="checkbox"/>	FASTtrack CLC <input type="checkbox"/>
Advantage <input type="checkbox"/>	D2L Hybrid <input type="checkbox"/>	W4C <input type="checkbox"/>	Start Date: _____

PART A: STUDENT INFORMATION			
Legal Last Name:	Legal First Name:	Middle Name	D.O.B. MM/DD/YYYY
OEN #:	- -	Personal email address (Mandatory)	

PART B: ADDRESS / CONTACT INFORMATION (Complete only if there are changes)			
Street Address	Apt #	City/Town	Postal Code
Home Phone	Cell Phone		

PART C: PRIOR SCHOOL/GRADUATION PROGRESS (Complete only if NEW or there are changes)			
Last School Attended	HWDSB Active Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	No OSSD <input type="checkbox"/>	OSSD (pre 1999) <input type="checkbox"/> SSGD <input type="checkbox"/>
Community Hours Completed <input type="checkbox"/>	OLC Completed <input type="checkbox"/>	Previous Credits Earned: _____	
Community Hours Incomplete <input type="checkbox"/>	OLC Incomplete <input type="checkbox"/>	Diploma Date: _____ <small>(MM/DD/YYYY)</small>	
Not Required <input type="checkbox"/>	Not Required <input type="checkbox"/>		
Participant in OW (Worker's Name) Office: _____		Participant in other program (Worker's Name) Office: _____	
Eligible for Grade 9/10 PLAR <input type="checkbox"/> yes <input type="checkbox"/> no	Eligible for Grade 11/12 PLAR <input type="checkbox"/> yes <input type="checkbox"/> no	Maturity Credits Granted: _____	Referred to AC: _____ <small>(MM/DD/YYYY)</small>
Completed: _____ <small>MM/DD/YYYY</small>	Completed: _____ <small>MM/DD/YYYY</small>	Completed: _____	Completed: _____ <small>MM/DD/YYYY</small>

PART D: EMERGENCY CONTACT (Complete only if there are changes)		
Last Name	First Name	Relationship
Home Phone	Cell Phone	Medical Conditions Epi Pen <input type="checkbox"/> Life Threatening <input type="checkbox"/>

GOALS:

PART E: COURSE SELECTION

Hill Park ADS/King William ADS

AM 9:00 – 11:45: _____	Section # _____	PM 12:15 - 3:00 _____	Section # _____
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D2L Hybrid Program

Course 1 _____	Section # _____
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Work for Credit

	Session 1	Session 2	Session 3	Session 4	Session 5
REGISTER DATES	05-SEP-19 TO 23-OCT-19	01-NOV-19 TO 18-DEC-19	08-JAN-20 TO 25-FEB-20	02-MAR-20 TO 27-APR-20	04-MAY-20 TO 19-JUN-20
1 Cr. Co-op AM (P1)	11	21	31	41	51
2 Cr. Co-op AM (P1)/ PM (P2)	12	22	32	42	52
ILC Course 1 - incl. start date (P2)	I1	Course: Mark:	Start Date:	End Date:	Final
ILC Course 2 - incl. start date (P2)	I1	Course: Mark:	Start Date:	End Date:	Final

FASTtrack

	Session 1	Session 2	Session 3	Session 4	Session 5	
REGISTER DATES	05-SEP-19 TO 23-OCT-19	01-NOV-19 TO 18-DEC-19	08-JAN-20 TO 25-FEB-20	02-MAR-20 TO 27-APR-20	04-MAY-20 TO 19-JUN-20	
a.m. FASTtrack AM (P1)	91	93	95	97	99	
PM (P2) Courses	GLE101	GLE201	GLE301	GLE401	GLN401	
p.m. FASTtrack PM (P2)	92	94	96	98	90	
ILC	ILC/eL Course 1 - incl. start date (P2)	I1	Course:	Start Date:	End Date:	Final Mark:
	ILC/eL Course 2 - incl. start date (P2)	I1	Course:	Start Date:	End Date:	Final Mark:

Advantage

	Session 1	Session 2	Session 3	Session 4	Session 5
REGISTER DATES	05-SEP-19 TO 23-OCT-19	01-NOV-19 TO 18-DEC-19	08-JAN-20 TO 25-FEB-20	02-MAR-20 TO 27-APR-20	04-MAY-20 TO 19-JUN-20
P1 - inclass	61	63	65	67	69
P2 – inclass or Co-op (1cr. Only)	62	64	66	68	60
ILC/eL Course 1 - incl. start date (P2)	I1	Course: Mark:	Start Date:	End Date:	Final
ILC/eL Course 2 - incl. start date (P2)	I1	Course: Mark:	Start Date:	End Date:	Final

ADDITIONAL NOTES:

	_____ Signature of Student (over 18) <i>*by starting the course, I agree to comply with the CE Academic Honesty policy (www.hwdsb.on.ca/ce)</i>
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eSIS or PowerSchool #:	Entered into PowerSchool:	Student Registration verified:
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