

HWDSB-CE REGISTRATION FORM

SEMESTER 2 CREDIT NIGHT SCHOOL 2019-2020

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)			tudent I	Number (ES	S or PowerSchool)	owerSchool) Enrollment Start Date		
Female	T		ı					
Province of Birth	Ontario Entry Date	(MM/DD/YYYY)		First Lang	uage Spoken	Languag	ge at Home	
Street Address		Apt #		City/Town		P	ostal Code	
OEN#:	-	-			Personal email ad	Personal email address		
Last School Attended								
Status: All Adults and no		•						
☐ HWDSB STUD		OULT STUE			VISA STUDEN		ION-HWDSB STUDENT	
	SEME	SIERI	wo c	CREDIT	NIGHT SCI	HOOL		
	ENGLIS	SH, MATH	EMA1	TICS AN	D SCIENCE CO	URSES		
	DAYS AND THURS							
FULL-CREDIT ONLY: Feb	ruary 25 to May 28	3, 2020. Fina	al Exam	May 26, 2	2020. Full-disclos	ure April 21,	2020.	
Please so	ee page 2 of	this for	m fo	or the	<mark>course and</mark>	registra	ation details.	
							ATE CLASSES DUE TO ENROLMENT.	
					10 <u>e. 11022</u> , <u>e. 111</u>	ON NEEDES	HE CHOSES DOE TO ENROLMENT.	
PART B: COURSE	SELECTION (EX	XAMPLE -	-ENG4					
1 ST CHOICE				2 ND CF	IOICE			
PART C: DAY SCHO	OL INFORMATION	ON & AUTH	IORIZ/	ATIONS				
Current Day School (if ap								
						Sabaa	I Stamp	
Name of Councelor (PPINT) Signature			neolor		_		ol Stamp	
Name of Counselor (PRIN	ii) sigi	nature of Cou	iiseioi			Or	' Seal	
Name of Drivate al/Decise	ata (Drint) Ciamat	of Delection			_ (STUDENT SE FORM FOR Y		EASE KEEP A COPY OF THIS OS)	
Name of Principal/Design ADDITIONAL NOTES:	late (Print) Signat	ure of Princip	oal/Desi	gnate				
7.55.110.17.12.110.120.								
	-	Signature of	Parent/G	Guardian		Signature of St	tudent (if over 18)	
		igning I agree	to comp	ly with the	CE Academic Hones	sty policy (www	/.hwdsb.on.ca/ce)	
PART D: FOR CCE (OFFICE USE ONL	_Y						
DATE OF REGISTRATION	l:	APP	ROVED	BY CCE C	OUNSELLOR:			
INFORMATION CONFIRM								
IN CINIA HON CONFIRM	LD DI, CE STAFF: _							



HWDSB - CE COURSE OFFERINGS SEMESTER 2 CREDIT NIGHT SCHOOL 2019-2020

TUESDAYS AND THURSDAYS - 6:00 p.m. to 9:30 p.m. at the Hill Park Learning Centre FULL CREDITS ONLY: February 25 to May 28, 2020

All courses are subject to cancellation, relocation.

Course Name	Course Code	Course Name	Course Code	
English		Mathematics		
Grade 11 College English	ENG3C1	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 Welcome Centre, 465 East 16th Street. 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 18, 2020 4:00 to 8:00 p.m.

Thursday, February 20, 2020 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.

ADULT STUDENT INFORMATION						
Last School Attended:		Diploma Type:				
			o OSSD o OSIS (pre 1999) o SSGD			
Community Hours Completed O Community Hours NOT Complete O		ompleted OOT Complete O	Previous Credits Earned:			
Not Required O	Not Req	•	Diploma Date: (MM/DD/YYY)			
Participant in OW (Worker's Name):		Daniel de aut la c	- the arrange arrange (Mande and a Name a)			
Office Location:		-	ther program (Worker's Name):			
		or 11/12 PLAR O No	Referred to Welcome Centre:			
Completed:	Complete		Completed:			
MM/DD/YYYY MM/DD/YYY		Y				