



HWDSB – Community & Continuing Education
Semester 2 Night School 2016-2017
REGISTRATION FORM



PART A: STUDENT INFORMATION (ALL STUDENTS)

Legal Last Name		Legal First Name		Middle Name	Date of Birth (MM/DD/YYYY)
Male <input type="radio"/>	Telephone (Home)		Student Number (ESIS or PowerSchool)		Enrolment Start Date
Female <input type="radio"/>					
Residence Status		Country of Citizenship		Country of Birth	Date of Entry to Canada (YYYY/MM)
Street Address		Apt. #	City/Town		Postal Code
OEN #:					email address (HWDSB students must use HWDSB Account)
Status: <input type="radio"/> DAY SCHOOL STUDENT		<input type="radio"/> ADULT STUDENT (complete Adult Student Section on reverse)			<input type="radio"/> VISA STUDENT

PART B: PROGRAM INFORMATION

ENGLISH, MATHEMATICS AND SCIENCE COURSES

TUESDAYS AND THURSDAYS AT RED HILL LEARNING CENTRE – 6:00 P.M. TO 9:30 P.M.

FULL-CREDIT ONLY: February 28 to June 1, 2017. Exams: Mid-term April 18, 2017, Final May 30, 2017. Full-disclosure April 25, 2017

PLEASE NOTE: HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD RESERVES THE RIGHT TO CANCEL, COMBINE
OR RELOCATE CLASSES DUE TO ENROLMENT.

PART C: COURSE SELECTION EXAMPLE- ENG4C1 – SEE COURSE OFF RINGS ON NEXT PAGE

1 st CHOICE:	2 nd CHOICE:
_____	_____

PART D: DAY SCHOOL INFORMATION & APPROVAL

Current Day School (if applicable):

Signature of Principal / Designate (KEEP A COPY FOR YOUR RECORDS)		School Stamp or Seal <input type="checkbox"/> Cross Enroll Complete?
Signature of Parent/Guardian		
Signature of Student		By signing, I agree to comply with the HWDSB CCE Academic Honesty Policy as posted on www.hwdsb.on.ca/cce

PART E: FOR CCE OFFICE USE ONLY

VERIFIED BY, CCE STAFF: _____	APPROVED BY, COUNSELLOR: _____
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SEMESTER 2 - CREDIT NIGHT SCHOOL

TUESDAYS AND THURSDAYS - 6:00 p.m. to 9:30 p.m. at the Red Hill Learning Centre

FULL CREDITS ONLY: February 28 to June 1, 2017

All courses are subject to cancellation, relocation.

Course Name	Course Code	Course Name	Course Code
English		Mathematics	
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	OLC4O1	Calculus and Vectors	MCV4U1
		Science	
		Grade 11 College Biology	SBI3C1
		Grade 11 University Biology	SBI3U1
		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 Red Hill Learning Centre (300 Albright Road, Hamilton, Ontario):

Tuesday, February 21, 2017, 4:00 to 8:00 p.m.

Thursday, February 23, 2017, 4:00 to 8:00 p.m.

NOTES :

1. ALL STUDENTS MUST SHOW PICTURE I.D. 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: _____	
Community Hours Completed <input type="radio"/> Community Hours NOT Complete <input type="radio"/> Not Required <input type="radio"/>		Previous Credits Earned: _____ Diploma Date: (MM/DD/YYYY) _____	
OLC Completed <input type="radio"/> OLC NOT Complete <input type="radio"/> Not Required <input type="radio"/>			
Participant in OW (Worker's Name): _____		Participant in other program (Worker's Name): _____	
Office: _____		Office: _____	
Eligible for 9/10 PLAR <input type="radio"/> Yes <input type="radio"/> No Completed: _____ MM/DD/YYYY	Eligible for 11/12 PLAR <input type="radio"/> Yes <input type="radio"/> No Completed: _____ MM/DD/YYYY	Referred to Assessment Centre: _____ Completed: _____ MM/DD/YYYY	