

ONLINE SECONDARY CREDIT PROGRAM REGISTRATION FORM

Adult Student

OEN Number

Peel Board Student Number	Last Name
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Given Name and Initials	Preferred Name
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Apartment Number	Home Address (Number and Street – Specify Road, Street, Cres., etc.)
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City	Province	Postal Code
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Home Telephone Number (Include Area Code)	Student's Date of Birth	Male	Female
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Student's E-mail Address: (Please Print Neatly)	Alternate E-mail Address: (Please Print Neatly)
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School Attended This Year, or check off 'Adult'	Adult	Name of School Board
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If you attend a private school or a school outside of Ontario, please provide the school's mailing address:

Citizenship	Canadian Citizen	Landed Immigrant	Student Visa	Other	Work Permit	Refugee Status	Date of Entry	Country of Birth
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Collection of Personal Information

Freedom of Information and Protection of Privacy

The personal information on this form is collected and will be used as necessary for the purpose of registering a student in a Continuing Education credit course and for general administrative purposes such as class lists or for the purposes such as the allocation of staff and resources.

Student and Parent Responsibility

- I have read the policies outlined on the website and understand that I will be withdrawn from the course for non-participation.
- I will pay a \$25.00 non-refundable consumable fee on the first day of classes (cheque made out to Peel District School Board or cash).
- The personal information on this form is collected and will be used as necessary for the purpose with it's legislated authority.
- I am aware that Continuing Education- Peel District School Board will proctor the final assessment in most senior courses.
- In case of emergency I authorized you to contact the person indicated below:

15. Name of Emergency Contact	Telephone Number of Contact (Include Area Code)
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Student's Signature _____

Course Selection:

For a description of the various courses, visit the website at www.peelschools.org/con-ed-online and indicate below the course name and course code.

Students may only register for one full-credit course (or 2 half-credit courses) in a semester at Night/Summer School, whether online or in the classroom.

Course Name (1st choice)	Course Code	Sec.
		Z
Course Name (2nd choice)	Course Code	Sec.
		Z

Office Use Only	
Registrar's Signature	Date
Computer Entry Signature	Date

Bring in completed registration form with your documentation, in person to:

Continuing Education Office (in the Adult Ed. Centre)
 100 Elm Drive West, Room 116
 Mississauga, ON
 (905) 270-6000 ext. 410

