

ONLINE SECONDARY CREDIT PROGRAM REGISTRATION FORM

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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)	Parent's 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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Custody	Both Parents	Mother Only	Father Only	Guardian	Self	Children's Aid Society	Parent / Guardian's Surname if different from Student
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Mother's Phone Number (Include Area Code)	Extension	Father's Phone Number (Include Area Code)	Extension
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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- I have read the policies outlined on the website and understand that I will be withdrawn from the course for non-participation.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, the parent or guardian 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 _____

Parent's Signature if Student under 18 _____

For all non-Peel day students:

Your home school counsellor must FAX this form from your school to PDSB Continuing Education at **905-270-1050**.

Course Selection:

For a description of the various courses visit the website at www.peelschools.org/con-ed-online

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	Course Code	Sec.
		Z
Course Name	Course Code	Sec.
		Z

School's Authorization:

School Official (please print) _____

School Official Signature _____ Date _____
I hereby authorize the above student to be admitted to the program indicated.

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

