



SECONDARY CREDIT PROGRAM REGISTRATION FORM

OEN Number

Peel Board Student Number

Last Name

Given Name and Initials

Preferred Name

Apartment Number

Home Address (Number and Street – Specify Road, Street, Cres., etc.)

City

Province

Postal Code

Home Telephone Number (Include Area Code)

Student's Date of Birth
Y M D

Male

Female

Counsellor Only: ESL LD

School Attended This Year, or check off 'Adult' Name of School Board

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 Y M D

Country of Birth

Custody: Both Parents, Mother Only, Father Only, Guardian, Self, Children's Aid Society

Parent / Guardian's Surname if different from Student

Mother's Phone Number (Include Area Code) Extension

Father's Phone Number (Include Area Code) Extension

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

- Regular attendance is crucial for success. Students are expected to be punctual and attend every class. Abuse of the attendance policy will result in withdrawal from the program. A student may be withdrawn after one unacceptable absence.
- I will be responsible for books, materials or equipment loaned to me and will pay for loss or damage.
- I will inform Continuing Education in writing prior to the start of the course of any medical problems of which school staff should be aware.
- In case of emergency you are authorized to contact the person indicated below:

Name of Emergency Contact Telephone Number of Contact (Include Area Code)

Student's Signature

Parent's Signature if Student under 18

Course Start Date Time

Course Selection:

For a description of the various courses visit the website at www.peelschools.org/conted

Secondary Credit

Course Name Course Code Sec.

Location Requested Location Number

School Official Signature Date School's Authorization: I hereby authorize the above student to be admitted to the program indicated.

Office Use Only

Registrar's Name

Registrar's Signature Date

Computer Entry Signature Date

NOTE: Once registered, attend the first class unless otherwise notified.

PLEASE BRING THIS FORM TO THE FIRST CLASS