



# 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 A student may be withdrawn after one unacceptable absence.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](http://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