



**GARY ALLAN HIGH SCHOOL**  
**SECONDARY SUMMER SCHOOL REGISTRATION**  
**GRADE 10 HALF CREDIT COURSES**



905-632-2944

[www.garyallan.ca](http://www.garyallan.ca)

[summerschool@hdsb.ca](mailto:summerschool@hdsb.ca)

**Please check [www.garyallan.ca](http://www.garyallan.ca) for course cancellations and updates**

**STUDENT INFORMATION**

Legal Last Name:		OEN:	Student #:	
Legal First Name:		Preferred Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Was this your name at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'no':	Date of Birth: <small>YYY/MM/DD</small>	
Address:				
<small>Number</small>	<small>Street Name</small>	<small>Apt. No.</small>	<small>City</small>	<small>Postal Code</small>
Phone Number:		Alternate number:		Email:
Country of Birth:		Proof of Canadian Residency		
Date of Entry into Canada: <small>YYY/MM/DD</small>		<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Passport
		<input type="checkbox"/> Immigration Papers	<input type="checkbox"/> Other	
Enrolment Status: <input type="checkbox"/> Day School Student <input type="checkbox"/> Adult Student <input type="checkbox"/> VISA Student				
Has the student ever been identified through an IPRC and/or received special education support? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Student Information (if required by the school)				

**MEDICAL INFORMATION**

Immunization Record Complete ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Conditions: If the student has significant health factors of which the school board should be aware, please describe the condition(s) below		
<hr/>	Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any prescribed medications: <hr/>		
Do medications need to be administered during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <hr/>		
<b>**If an Epipen is required, additional Medical Forms are necessary. Please ask staff**</b>		

**SCHOOL INFORMATION**

Has the student <u>ever</u> been registered at a school within the <b>Halton District School Board</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <u>Yes</u> , provide the name of the most recent school attended: <hr/>			
	Current/Last Grade attended: <hr/>		
Has the student <u>ever</u> been registered at a school within the <b>Province of Ontario</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <u>Yes</u> , provide the name of the most recent school attended: <hr/>			
If <u>No</u> , provide the name of the most recent school attended outside of Ontario: <hr/>			
	Current/Last Grade attended: <hr/>		
School Address:			
<small>Number</small>	<small>Street Name</small>	<small>City</small>	<small>Postal Code</small>
School Phone Number:		School Fax Number:	
School BSID Number:		School Email:	
		Last Year Attended:	

## PARENT AND/OR LEGAL GUARDIAN INFORMATION

1. If <b>NO ACCESS</b> , legal documentation required. Documentation Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home No.	Cell No.	Email:
Relationship:  <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Access to Student <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language	

2. If <b>NO ACCESS</b> , legal documentation required. Documentation Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home No.	Cell No.	Email:
Relationship:  <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Access to Student <input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language	

## COURSE INFORMATION

<b>Session 1 Course Code:</b>	<b>GLC20</b>	<b>Section Code (L or O1):</b>	
<b>Session 2 Course Code:</b>	<b>CHV20</b>	<b>Section Code (T or O2):</b>	

## IMPORTANT NOTES

- Students enrolled at a high school inside the Halton District School Board register through their Student Services.
- Students outside the Halton District School Board register through their Student Services. **A copy of the student's Credit Counselling Summary and Proof of Canadian Residency (i.e. Canadian Birth Certificate, Permanent Resident Card, Indian Status Certificate, Canadian Passport) must accompany the application** before it will be processed. Student Services outside the HDSB may email **authorized** Registration Forms, Credit Counselling Summaries and Proof of Canadian Residency to **summerschool@hdsb.ca** or fax to **(905) 637-5390**.
- Adult students may register in person at Gary Allan High School, Burlington, by email to **summerschool@hdsb.ca** or by fax at **(905) 637-5390**
- Visa students – Please contact Gary Allan High School, Burlington (905-632-2944), for registration information
- If the student has an IEP, be sure to give a copy to the summer school teacher on the first day of instruction.
- The information required on this form is necessary to register a student. Please complete in full.
- Don't enroll in an credit recovery course unless you can remain for the full session:  
Semester 1: Tuesday, July 4 to Friday, July 14    Semester 2: Monday, July 17 to Friday, July 28  
**\*\*\* NOTE: a course will be cancelled if it does not have sufficient enrolment. \*\*\***

## PARENT/GUARDIAN/STUDENT AUTHORIZATION

The information gathered on the applicant's Registration Form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. **ALL STUDENTS MUST SHOW PICTURE I.D. AT REGISTRATION.**

**I certify that the information given on this form is correct.**

Signature of student (if over 18 years of age) or Parent/Guardian if under 18 years of age	Date

### OFFICIAL USE ONLY

**AUTHORIZATION: To be completed for all students currently enrolled in a high school to confirm your eligibility to take the above course.**

Student Services/School Official	High School	BSID#	Phone Number
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