

SUMMER SCHOOL REGISTRATION FORM 2017

LAST DATE FOR REGISTRATION: JUNE 23rd 2017

COURSES WILL RUN ONLY IF ENROLMENT IS SUFFICIENT

Student Information:

Student Legal Name: _____ Home Phone Number: _____
Last Name First Name Middle Name

Please Indicate if you plan to take a school bus to classes: YES NO **OEN Number:** _____

*If the student has an IEP, please provide a copy with your completed registration form to better summer student learning. Received

CREDIT COURSES - GRADE 9, 10, 11 & 12

PLEASE CHECK ONE:

Bear Creek Secondary School, In Class Instruction

July 4 – 28, 2017 Monday – Friday 9:00AM – 3:30PM

A \$50 CASH only, refundable textbook deposit will be required on the first day of school.

Open	Course	Code	Gr 11	Course	Code
	English as a Second Language	ESLBO1		Math (College Prep)	MBF3C1
	ESL	ESLCO1		Math (University Prep)	MCR3U1
	ESL	ESLDO1		Biology (College Prep)	SBI3C1
	ESL	ESLEO1		Biology (University Prep)	SBI3U1
	English Presentation and Speaking Skills	EPS301*		Chemistry (University Prep)	SCH3U1
Gr 9	Course	Code		Physics (University Prep)	SPH3U1
Gr 12	Course	Code	Gr 12	Course	Code
	Math Transfer (July 10-21)	MPM1HH		Math (College Prep)	MAP4C1
	Guitar	AMG1O1		Math (University Prep)	MHF4U1
	Expressing Aboriginal Cultures	NAC1O1		Math (University Prep)	MCV4U1
Gr 10	Course	Code		Chemistry (College Prep)	SCH4C1
	Cosmetology	TXJ2O1		Physics (College Prep)	SPH4C1
	Personal Fitness	PAF2O1			
	Aboriginal Peoples in Canada	NAC2O1			
	Guitar	AMG2O1			

*EPS301 is open to International and ESL students only. International students are subject to credit fee

eLEARNING – Entered in OeLC (Semester – July – New Credit – eLearning)

July 5 – August 5, 2017 (With the exception of Civics and Careers – See dates below for those courses)

Gr 10	Course	Code	Gr 12	Course	Code
	Gr 10 Civics (July 5 -18)	CHV2OV		English (College Prep)	ENG4CV
	Gr 10 Civics (July 24-Aug 4)	CHV2OV		English (University Prep)	ENG4UV
	Gr 10 Careers (July 5-18)	GLC2OV		English Writers Craft (University Prep)	EWC4UV
	Gr 10 Careers (July 24-Aug 4)	GLC2OV		Math (University Prep)	MDM4UV
Gr 11	Course	Code		Biology (University Prep)	SBI4UV
	English (College Prep)	ENG3CV		Chemistry (University Prep)	SCH4UV
	English (University Prep)	ENG3UV		Business (University/College Prep)	BBB4MV
	Gender Studies (University/College Prep)	HSG3MV		Canadian Economics (University Prep)	CIA4UV
				Philosophy (University Prep)	HZT4UV
				Equity and Social Justice (University/College Prep)	HSE4MV

PARENT/GUARDIAN: Are You a Tax Paying Citizen of Ontario? YES NO

Principal's Recommendation: I believe that the above named student will benefit from participating in the summer school program. My signature indicates that prerequisite course requirements, where applicable, have been met. Program expectations and guidelines will be reviewed with students on the first day of class.

Print Name of Principal/Designate

Signature of Principal/Designate

School Name and Location

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

Student Information

BASIC INFORMATION		
Legal Name:		
Legal Last Name	Legal First Name	Legal Middle Name
Preferred Name (if different from legal name, please indicate below):		Sex (per birth documentation):
Preferred Last Name	Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:		
Month (mm)	Day (dd)	Year (yyyy)
Home Phone Number (###-###-####): _____ <input type="checkbox"/> Unlisted		

ADDRESS			
Property Address:			
House # / 911 #	Street Name	Apt. # / Suite # / Unit #	
City / Town / Municipality	Province	Postal Code	
Mailing Address:	<input type="checkbox"/> Same as Property Address above (if not the same as Property Address, please provide below)		
House # / 911 #	Street Name / R.R. #	P.O. Box	Apt. # / Suite # / Unit #
City / Town / Municipality	Province	Postal Code	

Parent/Guardian Information

CUSTODY, COURT ORDER, AND LIVING WITH INFORMATION			
Custody:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Joint	<input type="checkbox"/> Exclusive
	<input type="checkbox"/> Crown	Special Arrangement:	
Court Order filed in OSR:	Student Living With (please specify):		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT / GUARDIAN #1			
Relationship to Student:	Work Phone (###-###-####):		
Last Name:	Work Ext.:		
First Name:	<input type="checkbox"/> Not to be contacted at work		
Home Phone (###-###-####):			
Email Address:	Cell Phone (###-###-####):		
Address (if different from student):	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality		Province
			Postal Code
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT / GUARDIAN #2			
Relationship to Student:	Work Phone (###-###-####):		
Last Name:	Work Ext.:		
First Name:	<input type="checkbox"/> Not to be contacted at work		
Home Phone (###-###-####):			
Email Address:	Cell Phone (###-###-####):		
Address (if different from student):	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality		Province
			Postal Code
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

Emergency Contact Information (other than parent/guardian)

EMERGENCY CONTACT #1	
Relationship to Student:	Work Phone (###.###.####):
Name (Last Name, First Name):	Work Ext.:
Home Phone (###.###.####):	Cell Phone (###.###.####):

MEDICAL INFORMATION	
Life Threatening Medical Conditions	
Does the student have a "Life Threatening" medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
Does the student require an EPIPEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require Insulin, Glucagon, other? Please specify:	
Non-Life-Threatening Medical Conditions	
Are there any non-life-threatening medical conditions the school should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	

COUNTRY OF BIRTH, CITIZENSHIP AND LANGUAGE	
Country of Birth:	Province of Birth (if born in Canada):
If not born in Canada, original date of first entry into Canada:	
Month (mm)	Day (dd) Year (yyyy)
Country of Citizenship:	
Residence Status in Canada:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee Status
First Language:	Language Spoken at Home:

VOLUNTARY: SELF-IDENTIFICATION OF FIRST NATION, MÉTIS AND INUIT STUDENTS	
Simcoe County District School Board is committed to providing programs that result in improved success for First Nation, Métis and Inuit Students. All First Nation, Métis and Inuit Students have the right to voluntarily self-identify in accordance with SCDSB Policy 4195, Voluntarily, Confidential Self-Identification of First Nation, Métis and Inuit Students.	
If choosing to self-identify, please check the appropriate box: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	

Educational Background

CURRENT SCHOOL	
Grade at Current School:	
Student was previously registered at a SCDSB School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Current School:	Year of attendance at the SCDSB School: _____ YYYY
	Phone Number (###.###.###):
Address of Current School:	Street # Street Name Suite # / Unit #
	City / Town / Municipality Province Postal Code
Last Date of Attendance:	Month (mm) Day (dd) Year (yyyy)

SPECIAL EDUCATION ASSISTANCE	
Student previously received Special Education assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Student has been identified through the IPRC process (Identification Placement and Review Committee):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has an IEP (Individual Education Plan):	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT

Personal information collected on this form will be used to establish the Ontario Student Record (OSR), support the provision of educational services and to administer health and first aid services and/or medical emergency response to students as required. Information is collected under the authority of the s.170, s.190, s.264, and/or s.265 of the *Education Act* and *Sabrina's Law* in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Please refer to the Student Information Practices statement available on the Simcoe County District School Board website for further information at www.scdsb.on.ca. Questions regarding information collected on this form should be directed to the school principal.

ADDITIONAL INFORMATION

I certify that the information that I have provided on this form is accurate and current to the best of my knowledge. I understand that copies of Custody documentation, if applicable, will be included in the OSR.

Parent/Guardian/Adult Student:			
	Please Print	Signature	Date (mm/dd/yyyy)

MEDIA RELEASE

We need your permission to share good news stories about our school that may include you. From time to time, school and class activities, like projects, achievements, plays, sports and presentations are covered by local media, and may be shared by board and school staff on social media. We are seeking your permission for the following:

- To post identifiable photographs and/or recordings of you, the student, on school and board websites, newsletters and social media sites (including Twitter, Facebook, Instagram, YouTube and our blog www.sharingsimcoe.com).
- To allow the media to photograph, interview or record (video and audio) you, the student, as part of a good news story about the school or board. The story may include identifiable images.

I give permission for my photograph and/or recordings to be used as outlined above.

Parent/Guardian/Adult Student:			
	Please Print	Signature	Date (mm/dd/yyyy)

LEARNING CENTRE LOCATIONS

ALLISTON LEARNING CENTRE

46 Wellington Street West Unit 3
Alliston, ON L9R 2B8
P: (705) 435-7778
F: (705) 435-2519

BARRIE LEARNING CENTRE

Bayfield Mall
320 Bayfield Street
Barrie, ON L4M 3C1
P: (705) 725-8360
F: (705) 725-8359

BRADFORD LEARNING CENTRE

157 Holland Street East
Suite 200, P.O. Box 1436
Bradford, ON L3Z 2B7
P: (905) 775-4432
F: (905) 778-2082

COLLINGWOOD LEARNING CENTRE

180 Ontario Street
Collingwood, ON L9Y 1M6
P: (705) 445-9019
F: (705) 445-6362

NORTH SIMCOE LEARNING CENTRE

51 Dunlop St.
Penetanguishene, ON L9M 1J3
P: (705) 549-1890
F: (705) 549-4831

ORILLIA LEARNING CENTRE

575 West Street South, Unit 15
Orillia, ON L3V 7N6
P: (705) 325-9279
F: (705) 325-3114

Student Busing Information

The information regarding the busing will be available at the Learning Centres website 5 days prior to the program start date

www.THELEARNINGCENTRES.com



@LearningCentres



Simcoe County District School Board
Adult and Continuing Education

For an accessible version email webadmin@scdsb.on.ca.