

SUMMER SCHOOL REGISTRATION FORM 2019

LAST DATE FOR REGISTRATION: JUNE 21st, 2019

COURSES WILL RUN ONLY IF ENROLMENT IS SUFFICIENT

Student Legal Name: _____

Last Name

First Name

Middle Name

Email: _____

OEN Number: _____

Entered in OeLC **In Class** (Type: Regular; Semester: July – F2F)

Entered in OeLC **Elearning** (Type: Regular; Semester: July – eLearning)

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

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

Please indicate if you plan to take a school bus to classes: YES NO

IN CLASS - CREDIT COURSES - GRADE 9, 11 & 12

Barrie Learning Centre - Tuesday, July 2nd to Friday, July 26th, 2019

Monday – Friday 9:00AM – 3:30PM

A \$50 CASH only, refundable textbook deposit may be required on the first day of school for Grade 11 & 12 courses.

PLEASE CHECK ONE:

Gr 9	Course	Code	Gr 12	Course	Code
	Math Transfer (July 8 th – 19 th)	MPM1HH		Math – Foundations for College - College	MAP4C1
Gr 11	Course	Code		Math – Mathematics for College Technology	MCT4C1
	Math – Foundations for College - College	MBF3C1		Math – Advanced Functions - University	MHF4U1
	Math – Functions - University	MCR3U1		Math - Calculus and Vectors - University	MCV4U1
	Presentation Skills – ESL Students Only	EPS3O	Open	English as a Second Language	ESL A/B/C/D
				Spanish	LWSBO/CO

ELEARNING COURSES – GRADE 10, 11 & 12

Wednesday, July 3rd to Thursday, August 1st, 2019

PLEASE CHECK ONE:

Gr 10	Course	Code	Gr 12	Course	Code
	Gr 10 Civics	CHV2O		Ontario Literacy Course	OLC4O
	Gr 10 Careers	GLC2O		English (Workplace)	ENG4E
Gr 11	Course	Code		English (College Prep)	ENG4C
	Ontario Literacy Course	OLC3O		English (University Prep)	ENG4U
	English (Workplace)	ENG3E		English Writers Craft (University Prep)	EWC4U
	English (College Prep)	ENG3C		Biology (University Prep)	SBI4U
	English (University Prep)	ENG3U		Chemistry (College Prep)	SCH4C
	Biology (College Prep)	SBI3C		Chemistry (University Prep)	SCH4U
	Biology (University Prep)	SBI3U		Physics (College Prep)	SPH4C
	Chemistry (University Prep)	SCH3U		Mathematics of Data Management (University Prep)	MDM4U
	Physics (University Prep)	SPH3U		Analyzing Current Economic Issues (University Prep)	CIA4U
	Gender Studies (University/College Prep)	HSG3M		World Cultures (University/College Prep)	HSC4M
Gr 12	Course	Code		Equity, Social Justice (University/College Prep)	HSE4M
	International Business Fundamentals (University/College Prep)	BBB4M			

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):			
Preferred Last Name	Preferred First Name		
Birth Date:			
Month (mm)	Day (dd)	Year (yyyy)	Sex (per birth documentation): Female <input type="checkbox"/> Male <input type="checkbox"/>
Phone Number:		Email:	

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 (###.###.####):	Cell Phone (###.###.####):		
Email Address:			
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 (###.###.####):	Cell Phone (###.###.####):		
Email Address:			
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	

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

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

 **Learning
Centres**

Simcoe County District School Board
Adult and Continuing Education