



# SUMMER SCHOOL REGISTRATION FORM 2018

www.thelearningcentres.com

**LAST DATE FOR REGISTRATION: JUNE 22<sup>nd</sup>, 2018**

**COURSES WILL RUN ONLY IF ENROLMENT IS SUFFICIENT**

<b>Student Legal Name:</b>							
		Last Name		First Name		Middle Name	
<b>Student Email:</b>						<b>OEN Number:</b>	
<b>Does the student have an Individual Education Plan (IEP)</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>		If YES, please attach a copy of the IEP		
<b>Please indicate if you plan to take a school bus to classes:</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>				
<p><b>Principal's Recommendation:</b> 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.</p>							
<b>Print Name of Principal/Designate</b>			<b>Signature of Principal/Designate</b>			<b>School Name and City</b>	

## IN CLASS - CREDIT COURSES - GRADE 9, 11 & 12 Barrie Learning Centre Tuesday, July 3<sup>rd</sup> to Friday, July 27<sup>th</sup>, 2018

Monday – Friday 9:00AM – 3:30PM

A \$50 CASH only, refundable textbook deposit will 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 9 <sup>th</sup> – 20 <sup>th</sup> )	MPM1HH		Math – Foundations for College - College	MAP4C1
Gr 11	Course	Code		Math – Advanced Functions - University	MHF4U1
	Math – Foundations for College - College	MBF3C1		Math - Calculus and Vectors - University	MCV4U1
	Math – Functions - University	MCR3U1	ESL	English as a Second Language	ESLA/B/C/D
			ESL	Presentation Skills for ESL students	EPS3O

## ELEARNING COURSES – GRADE 10, 11 & 12 - Wednesday, July 4<sup>th</sup> to Thursday, August 2<sup>nd</sup>, 2018

**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 (College Prep)	ENG3C		English Writers Craft (University Prep)	EWC4U
	English (University Prep)	ENG3U		Biology (University Prep)	SBI4U
	Biology (College Prep)	SBI3C		Chemistry (College Prep)	SCH4C
	Biology (University Prep)	SBI3U		Chemistry (University Prep)	SCH4U
	Chemistry (University Prep)	SCH3U		Physics (College Prep)	SPH4C
	Physics (University Prep)	SPH3U		Mathematics of Data Management (Univ Prep)	MDM4U
	Gender Studies (University/College Prep)	HSG3M		Analyzing Current Economic Issues (Univ. Prep)	CIA4U
Gr 12	Course	Code		Equity & Social Justice (University/College Prep)	HSE4M
	International Business Fundamentals (University/College Prep)	BBB4M		World Cultures (University/College Prep)	HSC4M

Office Use Only:		
<b>Entered in OeLC:</b>	<input type="checkbox"/>	<b>In Class</b> (Type: Regular; Semester : July – F2F)
<b>Entered in OeLC:</b>	<input type="checkbox"/>	<b>eLearning</b> (Type: Regular; Semester: July – eLearning)
<b>IEP Received</b>	<input type="checkbox"/>	



**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
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Preferred Name (if different from legal name, please indicate below):

Preferred Last Name	Preferred First Name
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Birth Date:

Month (mm)	Day (dd)	Year (yyyy)	Sex (per birth documentation): Female <input type="checkbox"/>	Male <input type="checkbox"/>
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Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDRESS**

Property Address:

House # / 911 #	Street Name	Apt. # / Suite # / Unit #
City / Town / Municipality	Province	Postal Code

Mailing Address:  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:  Both Parents  Joint  Exclusive  
 Crown  Special Arrangement:

Court Order filed in OSR:  Yes  No      Student Living With (please specify): \_\_\_\_\_

**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:  Yes  No      Lives with Student:  Yes  No      To receive Mail / Correspondence:  Yes  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:  Yes  No      Lives with Student:  Yes  No      To receive Mail / Correspondence:  Yes  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	
<b>Life Threatening Medical Conditions</b>	
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:	
<b>Non-Life-Threatening Medical Conditions</b>	
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	Year of attendance at the SCDSB School:	_____ YYYY
Name of Current School:	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 <i>Education Act</i> and <i>Sabrina's Law</i> 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 <a href="http://www.scdsb.on.ca">www.scdsb.on.ca</a> . 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](http://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](http://www.THELEARNINGCENTRES.com)



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For an accessible version email [webadmin@scdsb.on.ca](mailto:webadmin@scdsb.on.ca).



Simcoe County District School Board  
Adult and Continuing Education