



**HALTON CATHOLIC DISTRICT SCHOOL BOARD
CONTINUING EDUCATION SERVICES
NIGHT SCHOOL 'FALL' 2008
REGISTRATION FORM**



First Name: _____ Last Name: _____

Address: _____
Number Street Name Apt. No. City Postal Code

Home Phone #: _____ Sex: M / F Birth date: _____
YY / MM / DD

TO BE COMPLETED BY STUDENTS CURRENTLY ENROLLED IN A SECONDARY SCHOOL

Student Identification OEN #: _____
(Obtainable from home school Guidance Office or past report cards)

Secondary School: _____ Present Grade: _____

Principal's *(or designate)* Authorization:
 I authorize the above student to be admitted to the course(s) indicated

 Signature of Home School Principal or **Designate** _____
 Date

TO BE COMPLETED BY ADULT STUDENTS

Last Ontario School Attended: _____ City of Education: _____

Last Year Attended: _____ Last Grade Attended: _____

COURSE INFORMATION

Course Code	Course	Location

STUDENT RESPONSIBILITY

1. I understand that after three absences I may be asked to withdraw from the course.
2. Significant lates will be recorded as half an absence.
3. I will be responsible for books, materials or other equipment loaned to me and I will pay for loss or any damage.
4. Anyone responsible for vandalism will be required to make reparation and will be withdrawn from the course.
5. A fully refundable textbook deposit may be required.

- Please note:**
- **Registrations are on a first come basis.**
 - **Day school students are to register at the Student Services Office where you attend school.**
 - **Students under 18 years of age require the written permission of their parent or guardian.**
 - **Adult students are to send applications to the Adult Learning Centre, 1-171 Speers Road, Oakville ON, L6K 3W8 or FAX to (905) 849-9937.**

Classes are subject to minimum enrollment and teacher availability.

Signature of Student: _____ DATE: _____

Parent Signature (if student is under 18 years of age): _____