



# Adult and Continuing Education Credit Registration Form

Once form is completed including signatures, please email to [adultandcontedinfo@dpcdsb.org](mailto:adultandcontedinfo@dpcdsb.org)



**All winter night school courses are delivered online**

Have you taken a course with us in the past?	Yes	Which Location?	Brian J. Fleming Adult Learning Centre	No
			St. Gabriel Adult Learning Centre	

STUDENT ID#:	STUDENT OEN#:
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**Night School Course**  
1<sup>st</sup> Choice Select 1 course

Brampton (Cardinal Leger)	Information & Communication Technology in the Workplace BTX4E1	Mississauga (St. Joseph)	Information & Communication Technology: The Digital Environment BTA301
		(John Cabot)	Financial Accounting Fundamentals BAF3M1

**2<sup>nd</sup> Choice (only if 1<sup>st</sup> choice is not available)**

Brampton (Cardinal Leger)	Information & Communication Technology in the Workplace BTX4E1	Mississauga (St. Joseph)	Information & Communication Technology: The Digital Environment BTA301
		(John Cabot)	Financial Accounting Fundamentals BAF3M1

**Legal Names:** (Students are registered by their legal name which will be used on legal documents. The student's preferred name will be used at school)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you identify as  Female  Male Birthdate: Y Y Y Y M M D D

**Aboriginal Student (Voluntary Self-Identification):** for the purposes of supporting First Nation, Metis and Inuit Student achievement objectives of Dufferin Peel and the Ministry of Education and of reporting student's achievement to the Ministry of Education and the Education Quality and Accountability Office, I/We choose to voluntarily self-identify my/child's ancestry as:  First Nation  Inuit  Metis

**Medical Conditions/Alerts**

Medical Condition(s)/Alert \_\_\_\_\_

**Status in Canada**

Learner Country of Birth \_\_\_\_\_ If Canada, province of Birth: \_\_\_\_\_ Arrival Date (into Canada) \_\_\_\_\_

Country of Last Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Expiry Date (if Applicable) \_\_\_\_\_

Status in Canada  Canadian Citizen  Permanent Resident  Refugee  International Student  Student on Study Permit  Permanent Resident Pending  Temporary Resident  Parent on Study/Work Permit  Native Ancestry

**Emergency Contact:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**ATTENDANCE & PUNCTUALITY**  
Regular attendance and punctuality are important factors to ensure success in all Adult and Continuing Education Programs.

**CODE OF CONDUCT**  
The Dufferin-Peel Catholic District School Board, Adult and Continuing Education Department will strive to create a Catholic learning community in which students are able to develop their spiritual, intellectual, physical and social potential. Dufferin-Peel Catholic District School Board, mandated by the Ministry of Education Safe Schools policy, has established The Catholic Code of Conduct, which outlines the rights and responsibilities of students attending programs in Dufferin-Peel. Detailed information regarding the Catholic Code of Conduct is available at <http://www.dpcdsb.org>

Personal information collected shall be used for the provision of educational services and/or to administer health and emergency responses as required. If required to support the student's needs, personal information, including OSR information may be requested from or shared with their current school. Information is collected under the authority of the *Education Act*, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); *Sabrina's Law*, 2005, S.O. 2005, c. 7 and *Ryan's Law (Ensuring Asthma Friendly Schools)*, 2015, S.O. 2015, C. 3 in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443

**For office use only: Staff please initial or sign as each step is completed**

Pre-Registered: YES Initial \_\_\_\_\_ NO Reason: \_\_\_\_\_ Initial \_\_\_\_\_

Scheduled: Course & Section: \_\_\_\_\_ Course & Section: \_\_\_\_\_

Notes/Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_