Adult and Continuing Education Credit Registration Form

Once form is completed including signatures, please email to adultandcontedinfo@dpcdsb.org

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

Select a maximum of 2 (two) individual courses OR 1 (one) Co-Operative Education Package from the list below

Business	☐ Financial Accounting Fundamentals BAF3M1	☐ Accounting for a Small Business BAN4E1	☐ Introduction to Business BBI2O1	☐ Information and Communication Technology: The Digital Environment BTA3O1	☐ Information and Commination Technology in the Workplace BTX4E1
English	☐ Communication in the World of Business and Technology EBT4O1	☐ Presentation and Speaking Skills EPS3O1	☐ English ENG4C1	☐ English ENG4U1	☐ English for School and Work ESLCO1
	☐ Ontario Secondary School Literacy Course OLC4O1				
Mathematics	☐ Foundations for College Mathematics MAP4C1	☐ Mathematics for Work and Everyday Life MEL3E1	**Social Science**	☐ Dynamics of Human Relations HHD3O1	☐ Equity, Diversity and Social Justice HSE3E1
Career Education	☐ Designing Your Future GWL3O1	☐ Navigating the Workplace GLN4O1			

Co - Operative Education (select from one area below)

☐ **Accounting**	Accounting for a Small Business BAN4E1 Designing Your Future GWL3O1	☐ **Office Administration**	Information and Communication Technology: The Digital Environment BTA3O1 Designing Your Future GWL3O1	☐ **Internationally Trained**	Study Skills in English ESLDO1 Designing Your Furture GWL3O1

STUDENT ID#:										**STUDENT OEN#:**									

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:**