



Adult and Continuing Education Credit Registration Form



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

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	

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 BBI201	Information and Communication Technology: The Digital Environment BTA301	Information and Communication Technology in the Workplace BTA301
English	Communication in the World of Business and Technology EBT401	Presentation and Speaking Skills EPS301	English ENG4C1	English ENG4U1	English for School and Work ESLC01
Mathematics	Foundations for College Mathematics MAP4C1	Mathematics for Work and Everyday Life MEL3E1	Social Science	Dynamics of Human Relations HHD301	Equity, Diversity and Social Justice HSE3E1
Career Education	Designing Your Future GWL301	Navigating the Workplace GLN401			

Co - Operative Education (select from one area below)

Accounting	Accounting for a Small Business BAN4E1	Office Administration	Information and Communication Technology: The Digital Environment BTA301	Internationally Trained	Study Skills in English ESLD01
	Designing Your Future GWL301		Designing Your Future GWL301		Navigating the Workplace GLN401

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	<input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee <input type="radio"/> International Student <input type="radio"/> Student on Study Permit <input type="radio"/> Permanent Resident Pending <input type="radio"/> Temporary Resident <input type="radio"/> Parent on Study/Work Permit <input type="radio"/> 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: