

DURHAM CONTINUING EDUCATION
Elementary International Language Program
2019/2020

2019/20

PROGRAM				LOCATION			
Language: _____				Location: _____			
DEMOGRAPHICS (Basic Student Demographics)							
Legal Last Name <small>(as shown on Proof of Citizenship)</small>			Legal First Name <small>(as shown on Proof of Citizenship)</small>			Legal Middle <small>(as shown on Proof of Citizenship)</small>	
Preferred/Common Last Name			Preferred/Common First Name			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Home Phone: _____			<input type="checkbox"/> Unlisted				
Cell: _____							
Date of Birth		Proof of Age Document (copy attached) <i>(Office Use Only)</i>					
Month	Day	Year	<input type="checkbox"/> Birth Cert <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Citizenship Card <input type="checkbox"/> Other <input type="checkbox"/> Passport <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Res. Card				
House #	Street Name			Apt/Unit	City/Town		Postal Code
Mailing Address <input type="checkbox"/> Same as above				Email Address			
Parent/Guardian #1 (first & last name)				Daytime Phone#			
Parent/Guardian #2 (first & last name)				Daytime Phone#			
EDUCATION							
Grade Level 2019/2020: _____				Student's Elementary Home School		OEN#	
ADMISSION (Citizenship)							
Country of Birth			If Canada, province of birth:		If outside Canada, Date of Entry (YYYY/MM)		
					Year		Month
Citizenship Documentation <i>(Office Use Only)</i>					Photo ID		
<input type="checkbox"/> Canadian <input type="checkbox"/> Other Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Refugee Status					<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Current Student ID <input type="checkbox"/> Other _____		
Admit Date (Start Date)		First Language		All parents/guardians of Aboriginal students, and students who are 18 years or older, have the right to voluntarily and confidentially self-identify their Aboriginal ancestry. If the student is considered to be of Aboriginal ancestry, please check the appropriate box: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
Month	Day	Year					
EMERGENCY (Emergency Contact)							
Emergency Contact (If Parent/Guardian above unavailable)				Emergency Contact Phone #		Student Health Card #	
Do you have health conditions and/or allergies that are life threatening? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give details:						I choose not to disclose <input type="checkbox"/> Initial:	
						Student wears MedicAlert® <input type="checkbox"/> Registration No.	
EpiPen required at summer school: Yes <input type="checkbox"/> No <input type="checkbox"/>				Administration of medicine required during summer school: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If, in the case of illness or accident my emergency contact cannot be reached by telephone, I hereby grant authority to the Principal or designate to call an ambulance.							Yes <input type="checkbox"/> No <input type="checkbox"/>



Please read and sign the waiver and agreement of understanding on the reverse.



Student Registration Waiver – Please complete and sign

My child's school work may be displayed in school buildings, school, or board publications and/or website articles in the media.	<input type="checkbox"/> I give consent <input type="checkbox"/> I do not give consent
My child's photograph/visual likeness may be displayed in school buildings, school, or board publication and/or website articles in the media.	<input type="checkbox"/> I give consent <input type="checkbox"/> I do not give consent
I give permission for my name and phone number to be used by School Community Councils for the purpose of sharing school information.	<input type="checkbox"/> I give consent <input type="checkbox"/> I do not give consent
For the duration of summer school only, I hereby give my approval for Durham Continuing Education, a school within the Durham District School Board, to access this child's medical records that are on file at the home school within the Durham District School Board.	<input type="checkbox"/> I give consent <input type="checkbox"/> I do not give consent

Agreement of Understanding

- To the best of my knowledge, the information on this form is correct.
- **I understand that:**
 - until all required documentation is complete i.e. proof of citizenship (where applicable) etc., the registration is **NOT** complete and the **SEAT WILL NOT BE HELD**.
 - programs are subject to cancellation on short notice, but I may be allowed to make alternate choices, space permitting.
 - regular attendance and punctuality are essential. All absences must be explained by a note signed by a parent or guardian.
 - consistent attendance is recommended in order for the student to receive full benefit of the program.
 - students will receive an assessment at the mid-point and upon completion of each component of the program.
- **It is my responsibility to:**
 - immediately advise the school of changes in the information stated on this form.
 - notify the night school office of any absences or if I wish to withdraw from the program.

Student Signature	Parent/Guardian Signature	Date
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Information for Parents and Students

1. Parents and/or students do not need to represent the ethnic background of the language to enroll in classes.
2. There is no fee for the Elementary International Language Program. However, some language organizations offer additional services for which funds are required and payable to the language organization. The program staff will explain the details of any additional services.
3. To be qualified to attend, a child must be eligible to attend an elementary school (JK – Grade 8) student. A student attending or eligible to attend a secondary school is not eligible for this program.
4. Students who do not behave appropriately in classrooms, halls or other areas may be removed from the class or program.
5. Parents or guardians and visitors are not permitted to enter a class, or interrupt a class in session without the permission of the instructor **and** the supervisor of the site.
6. Enrolment (as specified by the Ministry of Education):
 - No Elementary International Language Program will be started unless there are a minimum of 23 qualified students registered in the class.
 - If the total number of qualified students attending an Elementary International Language Program falls below 23, the Durham District School Board may discontinue the class.

Ways to Register: On-line: www.dce.ca By Phone: 905.436.3211 OR 1.800.408.9619
By Fax: 905.436.1780 In person or by mail: Durham Continuing Education
120 Centre St. S Oshawa ON L1H 4A3

Direct Inquiries to: DURHAM CONTINUING EDUCATION, 120 CENTRE ST. S., OSHAWA ON L1H 4A3
905.436.3211 or 1.800.408.9619 Email: dceinfo@ddsb.ca

www.dce.ca