

**DURHAM CONTINUING EDUCATION**  
**Elementary International Language Program**  
**2020/2021**

2020/21

LANGUAGE PROGRAM		ELEMENTARY SCHOOL GRADE LEVEL 2020/2021			
<input type="checkbox"/> Greek	<input type="checkbox"/> Malayalam	<input type="checkbox"/> JK/SK	<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 8
		<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 7	
		<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 8	

**DEMOGRAPHICS (Basic Student Demographics)**

Legal Last Name (as shown on Proof of Citizenship)		Legal First Name (as shown on Proof of Citizenship)		Legal Middle (as shown on Proof of Citizenship)		<input type="checkbox"/> Male
						<input type="checkbox"/> Female
						<input type="checkbox"/> Another
Preferred/Common Last Name		Preferred/Common First Name		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				Email Address		
<input type="checkbox"/> Same as above						
Parent/Guardian #1 (first & last name)				Daytime Phone#		
Parent/Guardian #2 (first & last name)				Daytime Phone#		

**EDUCATION**

Student's Elementary Home School	Student's Elementary Home School Board	OEN#
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**ADMISSION (Citizenship)**

Country of Birth	If Canada, province of birth:	If outside Canada, <b>Date of Entry</b> (YYYY/MM)
<b>Citizenship Documentation (<i>Office Use Only</i>)</b>		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		<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Current Student ID
		<input type="checkbox"/> Other _____

<b>Admit Date (Start Date)</b>	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"/>		I choose not to disclose <input type="checkbox"/> Initial: _____
If YES, please give details: _____		Student wears MedicAlert® <input type="checkbox"/>
		Registration No. _____
EpiPen required at night school: Yes <input type="checkbox"/> No <input type="checkbox"/>	Administration of medicine required during night 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 NAME (First and Last Name)	LANGUAGE PROGRAM	
	<input type="checkbox"/> Greek	<input type="checkbox"/> Malayalam

STUDENT REGISTRATION WAIVER	
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 night 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

#### 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 (or teacher in remote learning) of any absences or if I wish to withdraw from the program.

*The electronic signature below and its related fields are treated by the Durham District School Board like a handwritten signature on a paper form.*

**I acknowledge that I have read and understand this form and certify that the information provided is correct. It is my responsibility to advise the school immediately of any changes in the information stated on this form.**  **I agree**

Electronic Signature ( <i>type name of parent/guardian or student 18 years and older</i> )	Date (YYYY/MM/DD)
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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 (physical or virtual), 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. Where classes will be delivered in a remote learning model, students/parents will be contacted with login instructions at the email address provided on this form.
7. Remote learning classes may return to face-to-face instruction at any time during the program.
8. 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.

**To Complete Registration:** send completed form to [DCEInfo@ddsb.ca](mailto:DCEInfo@ddsb.ca)

**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](mailto:DCEInfo@ddsb.ca)