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|---|--|---|-----------------------------------|
| Are you a new eLearning student or a returning eLearning student? <input type="checkbox"/> New <input type="checkbox"/> Returning | Are you currently taking or planning to take a Learn@Home Course while also taking your eLearning course? <input type="checkbox"/> Yes <input type="checkbox"/> No | Citizenship – Office Use Only Complete Incomplete | 2019/2020 June 28, 2019 |
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Section 1 - DEMOGRAPHICS (Basic Student Information)

| | | | | | | | | | | | |
|--|-----|-------------|------------------|--------------------------------|------|--|--|-----------------------|---|-------------|--|
| Legal Last Name | | | Legal First Name | | | Legal Middle Name | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | |
| Date of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px; vertical-align: bottom;">Month</td> <td style="width: 33%; border: 1px solid black; height: 20px; vertical-align: bottom;">Day</td> <td style="width: 33%; border: 1px solid black; height: 20px; vertical-align: bottom;">Year</td> </tr> </table> | | | Month | Day | Year | | | | Home Phone Number <input type="checkbox"/> Unlisted Cell Number | | |
| Month | Day | Year | | | | | | | | | |
| House Number | | Street Name | | | | Apt/Unit | | City/Town | | Postal Code | |
| Mailing Address <input type="checkbox"/> Same as above | | | | | | Email Address (PRINT CLEARLY AND LEGIBLY) | | | | | |
| Proof of Age Document (A copy must be attached with your registration application) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Citizenship Card <input type="checkbox"/> Passport <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident Card | | | | | | | | | | | |
| Emergency Contact | | | | Emergency Contact Phone Number | | | | Student Health Card # | | | |
| Do you have any 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"/> Please initial here: _____ | | | | | |
| If YES, please give details: | | | | | | Student wears MedicAlert® <input type="checkbox"/> Registration No. | | | | | |
| 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"/> | | | | | | | | | | | |

Section 2 - ADMISSION (Citizenship)

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|--|--|---|--|---|--|
| Country of Birth | | If Canada, province of birth: | | If outside Canada, please list Date of Entry: Year: _____ Month: _____ | |
| Citizenship Documentation (If you were born outside Canada, a copy must be attached with your registration application): <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Other Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Refugee Status | | | | | |
| 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 | | | |

Section 3 - EDUCATION

| | | |
|----------------------|--------------------|--|
| Previous School Name | Date Last Attended | Did you graduate? Yes <input type="checkbox"/> Year: _____ No <input type="checkbox"/> Last grade completed: _____ |
|----------------------|--------------------|--|

Section 4 – HOW DID YOU FIND OUT ABOUT DCE's eLearning PROGRAM?

In order to help us to find future students and to advertise and market our programs effectively, please tell us how you found out about Durham Continuing Education's eLearning program. (Check all that apply please)

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|---|---|---|
| <input type="checkbox"/> Google Search and then looked at DCE Website (www.dce.ca) <input type="checkbox"/> Saw a Google online ad <input type="checkbox"/> Saw DCE's Online Course FlipBook <input type="checkbox"/> Saw DCE'S Facebook page <input type="checkbox"/> Saw a tweet from the DCE Twitter Feed <input type="checkbox"/> Saw an ad on my cell phone, tablet or mobile device <input type="checkbox"/> Watched a YouTube Video about DCE's programs <input type="checkbox"/> Saw an ad or information on www.durhamregion.com website <input type="checkbox"/> Read an article online about DCE's programs <input type="checkbox"/> Saw a presentation about DCE | <input type="checkbox"/> Guidance Counsellor <input type="checkbox"/> College/Univ. Counsellor <input type="checkbox"/> ODSP Counsellor <input type="checkbox"/> Ontario Works Counsellor <input type="checkbox"/> Friend/Relative recommendation | <input type="checkbox"/> Saw the digital sign outside E. A. Lovell School <input type="checkbox"/> Saw a brochure <input type="checkbox"/> Saw a newspaper ad |
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| | | | | |
|--|------------------------|-------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> M <input type="checkbox"/> F | Legal Last Name: _____ | Legal First Name: _____ | Legal Middle Name: _____ | DOB |
| | | | | ____/____/____ Month Day Year |

| Section 5 – Course Selection (Only Fill in the Course Code (Up to 2 per semester). Do Not Fill in Shaded Areas) | | | | | | |
|---|--------|----------------------------|-------|---|-------|-------|
| 2019 Fall Term - Sept 18, 2019 to Dec 18, 2019 | | | | | | |
| Courses | Sec. # | Counsellor Initials & Date | Ent'd | DROP COURSE Counsellor Date & Initials | Ent'd | NOTES |
| | 95 | | | | | |
| | 95 | | | | | |

| 2020 Spring Term – Feb 12, 2020 to May 21, 2020 | | | | | | |
|---|--------|----------------------------|-------|---|-------|-------|
| Courses | Sec. # | Counsellor Initials & Date | Ent'd | DROP COURSE Counsellor Date & Initials | Ent'd | NOTES |
| | 96 | | | | | |
| | 96 | | | | | |

Section 6 - Student Registration Waiver – Please read carefully, and check appropriate box:

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|--|---|
| I have read the Acceptable and Safe Use Procedure form and will abide by the guidelines while accessing the internet at school. | <input type="checkbox"/> I give consent <input type="checkbox"/> I do not give consent |
| My 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 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 |
| I consent to the transfer of my Ontario Student Record (OSR) from my last school when necessary. | <input type="checkbox"/> I give consent <input type="checkbox"/> I do not give consent |

Section 7 - Agreement of Understanding - Please read carefully, complete and sign:

- 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, etc., my registration is **NOT** complete and **MY SEAT WILL NOT BE HELD**.
 - courses are subject to cancellation on short notice, but I may be allowed to make alternate choices, space permitting.
 - repeating a course will not result in earning an additional credit.
 - after the full disclosure date my results will show on my transcript.
- It is my responsibility to:
 - immediately advise the school of changes in the information stated on this form.
 - take my DCE report card to the previous high school I attended to have credit(s) added to my Ontario Student Transcript if my OSR is not ordered.
 - check course selections carefully to avoid duplication of credits.
- I understand that I must complete all course work/assignments/discussion forums within the timeframe of the actual course;
- I agree to write the final examination on the date and at the time stated at the start of the course;
- I understand that login access to the course will expire 3 weeks after the last day of the course;
- I understand that after the full disclosure date that my results will show on my transcript.
- I understand that I must apply to **ontariocolleges.ca** before published deadlines and that it is my responsibility to notify DCE to order transcripts and/or request electronic transmission of marks. If I am applying to **University (OUAC)**, I understand that electronic marks **CAN NOT** be sent and that it is my responsibility to request official letters and/or transcripts. I understand that it is my responsibility to book a diploma request appointment to verify that I have met the requirements of the diploma I am working towards.

Student's Signature: _____ Date: _____