

DURHAM CONTINUING EDUCATION
Getting Ready for High School
August 24 – 27, 2020* (some exceptions apply)

2020

LOCATION (please select one)

<input type="checkbox"/> AJAXAjax HS	<input type="checkbox"/> OSHAWA.....Maxwell Heights SS* (Aug 24–26)	<input type="checkbox"/> WHITBY.....Anderson CVI
<input type="checkbox"/> AJAXJC Richardson C	<input type="checkbox"/> OSHAWA.....O’Neill CVI	<input type="checkbox"/> WHITBY..... D A Wilson SS
<input type="checkbox"/> AJAXPickering HS	<input type="checkbox"/> OSHAWA.....RS McLaughlin CVI	<input type="checkbox"/> WHITBY.....D A Wilson SS - French
<input type="checkbox"/> BROOKLINBrooklin HS	<input type="checkbox"/> PICKERING.....Dunbarton HS	<input type="checkbox"/> WHITBY.....Henry St HS* (Aug 24–26)
<input type="checkbox"/> CANNINGTON.....Brock HS* (Aug 24 – 26)	<input type="checkbox"/> PICKERING.....Pine Ridge SS	<input type="checkbox"/> WHITBY.....D A Wilson SS
<input type="checkbox"/> OSHAWA.....Eastdale CVI	<input type="checkbox"/> PORT PERRY.....Port Perry HS	<input type="checkbox"/> UXBRIDGE.....Uxbridge SS
<input type="checkbox"/> OSHAWAGL Roberts CVI		

BUS TRANSPORTATION

Bus Transportation – Rural Areas Only – Check one box: Port Perry HS Uxbridge SS Brock HS
(schedules available at www.dce.ca)

BUS STOP: _____

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
Preferred/Common Last Name	Preferred/Common First Name	Home Phone: <input type="checkbox"/> Unlisted	
		Cell:	
Date of Birth		Proof of Age Document (copy attached) (Office Use Only)	
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	School Student will attend in Fall 2020	OEN#
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ADMISSION (Citizenship)

Country of Birth	If Canada, province of birth:	If outside Canada, Date of Entry (YYYY/MM)	
		Year	Month
Citizenship Documentation (Office Use Only)			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	

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



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"/>

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**.
 - regular attendance and punctuality are essential. All absences must be explained by a note signed by a parent or guardian.
 - due to the concentrated time and work load of summer school and the fact that participation is optional, consistent attendance is recommended in order for the student to receive full benefit of the program.
 - students will receive an assessment 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 summer school office of any absences or if I wish to withdraw from the program.

Student Signature	Parent/Guardian Signature	Date

Opening Day Procedures – Getting Ready for High School 2020

1. **Students must bring this form.**
2. The starting time for each school is 8:30 AM.
3. The room location for classes will be posted in the school on the first day.
4. The teacher will provide textbooks or other learning materials for classes.
5. Please note – there is no on-site food service at summer school. Students will be given time for nutrition breaks.

NOTE: Summer school may not be appropriate for the success of identified students who receive modification or accommodations to their program during the school year. As summer school is an optional program, additional support for identified students is not always available.

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: michele.reid@ddsb.ca