



Adult and Continuing Education Credit Registration Form



Once form is completed including signatures, please email to adultandcontedinfo@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	

Courses are open to residents of Ontario only. Co-operative Education Placements are available for those living in Peel Region & the Greater Toronto Area. Select a maximum of 2 (two) individual credit courses OR 1 (one) Co-Operative Education Package per Module. Available courses listed on reverse.

Morning (A.M.)		Brian J. Fleming Adult Learning Centre	St. Gabriel Adult Learning Centre
Afternoon (P.M.)		Brian J. Fleming Adult Learning Centre	St. Gabriel Adult Learning Centre
Evening Class		Brian J. Fleming Adult Learning Centre	St. Gabriel Adult Learning Centre

STUDENT ID#:		STUDENT OEN#:	
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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

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Not Disclosed	<input type="checkbox"/> Self-Identified
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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 Canadian Citizen Permanent Resident Refugee International Student Student on Study Permit Permanent Resident Pending Temporary Resident Parent on Study/Work Permit 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.	Delivery of Courses: Courses will be in class delivery at this time. If necessary, classes will pivot to the Google Classroom platform as directed, however, students must remain within the province of Ontario. If you are a non-DPCDSB student, you will be provided with the required login information prior to the start of classes.	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
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**There is a non-refundable counselling fee of \$30.00 - individual credit course, \$50.00 - 2 individual credit courses, \$65.00 - Accounting OR Office Admin Co-op Program, \$75.00 - Internationally Trained Co-op Program
** While in remote delivery all programs will have a non-refundable \$15.00 fee.

Amount:	\$	Cash	Mastercard	Visa	Other
Credit Card #		Expiry date	/	CVC #	
Name of card holder		Date:			
Signature of Card Holder		Date:			

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

Adult Learner's Signature: _____ **Date:** _____

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: