

# Adult and Continuing Education Credit Registration Form



Once form is completed including signatures, please email to [adultandcontedinfo@dpcdsb.org](mailto:adultandcontedinfo@dpcdsb.org)

<b>Have you ever attended school in Ontario?</b>	<small>Select</small>	<b>If YES, which school?</b>		<b>Which School Board?</b>	
<b>Name of last school attended outside of Ontario:</b>				<b>School Board/Location</b>	
<b>Country:</b>			<b>City:</b>		<b>Grade:</b>
					<b>Year:</b>
<b>Student Number</b>					
<b>Student OEN #</b>					
<small>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)</small>					
<b>Surname:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Address:</b>				<b>Apt./Unit #zcxv</b>	
<b>City:</b>		<b>Postal Code:</b>		<b>Email:</b>	
<b>Home Phone:</b>			<b>Cell Phone:</b>		
<b>How do you identify:</b> Female <input type="checkbox"/>			Male <input type="checkbox"/>	Non- Disclosed <input type="checkbox"/>	Self- Identified <input type="checkbox"/>
			<b>Birthdate:</b>	<small>YEAR</small>	<small>MONTH</small>
					<small>DAY</small>
<b>Country of Citizenship:</b>			<b>Country of Birth:</b>		<b>First Language:</b>
<b>Arrival date in Canada:</b>			<b>Arrival Date in Ontario:</b>		
<b>Status in Canada</b>			<b>Expiry date (if applicable)</b>		
<b>Medical Condition(s)/Alert</b>					
<b>Indigenous Student (Voluntary Self-Identification):</b> 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:					<b>Select</b>
<b>Emergency Contact:</b>					
<b>First Name:</b>		<b>Surname:</b>		<b>Relationship to Student:</b>	
<b>Cell Phone:</b>			<b>Alternate Phone Number:</b>		
<b>Courses are open to residents of Ontario only. Co operative Education Placements are available for those living in Peel Region &amp; the Greater Toronto Area. Select a maximum of 2 (two) individual credit courses OR 1 (one) Co Operative Education Package per Module.</b>					
<b>1<sup>st</sup> Course</b>					
<b>2<sup>nd</sup> Course</b>					
<b>Attendance &amp; Punctuality</b>			<b>Remote Learning Option</b>		
<p>Regular attendance and punctuality are important factors to ensure success in all Adult and Continuing Education Programs.</p> <p><i>I acknowledge that after 5 days of absence, I can be withdrawn from the course.</i></p> <p>Please check the box to acknowledge the above. <input type="checkbox"/></p>			<p><i>I acknowledge that if I chose an online/hybrid learning course, it is the expectation that I will attend and participate online with classes each day, by logging onto the remote classroom meeting site. Camera will be turned "on", to enhance the overall learning experience. If not "on" camera, I will be marked as absent, unless there are extenuating circumstances that have been communicated with the school.</i></p> <p>Please check the box to acknowledge the above. <input type="checkbox"/></p>		
<b>Course Fees Individual credit course \$30.00, 2 individual credit courses (same Term) \$50.00, Accounting OR Office Admin Co op Program \$65.00, Internationally Trained Co op Program \$75.00. Note: Preferred method of payment is School Cash Online ( Plus Cost Recovery Fee) . Course Fees are Non Refundable.</b>					
<b>Amount:</b>	\$				
<b>Code of Conduct</b> 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 <a href="http://www.dpcdsb.org">http://www.dpcdsb.org</a> .					

**Adult Learner's Signature:**

**Date:**

For office use only: Staff please initial or sign as each step is completed

<b>Pre Registered:</b>	YES <input type="checkbox"/>	<b>Initial</b>		NO <input type="checkbox"/>	<b>Reason:</b>		<b>Initial</b>
<b>Scheduled:</b>	<b>Course &amp; Section:</b>			<b>Course &amp; Section:</b>			
<b>Notes/Information:</b>							
<b>Signature:</b>				<b>Date Completed:</b>			