



Bluewater District School Board
351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 (519) 363-2014 or 1-800-661-7509 Fax (519) 370-2909

CONTINUING EDUCATION - STUDENT REGISTRATION
OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED

Adult Day School Continuing Education Night School

STUDENT INFORMATION

Date of Birth: / / Verification Document: OEN:

Legal Name: Surname First Name Middle Name

Legal Name in Final Year of Secondary School (if different than above): Surname First Name Middle Name

Gender: Male Female Other (please specify):

Home Phone: Cell Phone: Work Phone:

Email Address:

Emergency Contact Person: Contact Phone:

HOME ADDRESS Verified Source: Initials

Fire #, House #/Street/Rd Name:

City/Town/Village/Municipality:

Province: Postal Code:

MAILING ADDRESS

Same as Home Address?: Yes No If no, complete below:

Box #, Fire #, House # Street Name:

City/Town/Village/Municipality:

Province: Postal Code:

LANGUAGE, CITIZENSHIP and STATUS IN CANADA Verified Source: Initials

Country & Province of Birth: Citizen of:

First Language: Arrival in Canada (if not Canadian Citizen): / /

Citizenship / Immigration Canadian Citizen Indigenous Ancestry: First Nation Metis Inuit

Status: Permanent Resident/Landed immigrant Student Visa Other Visa Refugee Other:

FUNDING SOURCE

Other Pupil of the Board: Yes No

If yes, Saugeen First Nation Chippewas of Nawash Unceded First Nation

PREVIOUS SCHOOL INFORMATION

Transcript Provided: Yes No Have you been out of secondary school for 12 months of more?: Yes No

Last Secondary School Name: School Board Name:

City, Province and Country: Entry Date Secondary School: / /

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CONTINUING EDUCATION - STUDENT REGISTRATION
continued**

MEDICAL INFORMATION

(if this section is applicable to the registering student please speak to intake personnel to fill out additional applicable medical forms)

Allergies / Health Concern(s): _____ Are any of the noted allergies/ health concerns life threatening? Yes No

Additional Medical Information: _____

RELIGIOUS / CULTURAL ACCOMMODATION

If you wish to request a religious/cultural accommodation, please describe:

I certify that the information that I have provided on this form is accurate and current to the best of my knowledge.

Please Print/Type Full Name Signature Date Signed

Please ensure you **always** inform our office by telephone, fax, voice-mail or letter **every time** you will not be in attendance.

Continuing Education students are responsible for providing the school with complete and current information.

The personal information provided on this form and any other correspondence relating to involvement in board programs is collected by Bluewater District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) and regulations as amended. The information will be used to register the student in continuing education, as well as for a consistent purpose such as the allocation of staff and resources and to share information with employees to carry out their job duties. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. Questions about this collection should be directed to the superintendent of education responsible for continuing education.

This form will be maintained in the Ontario Student Record (OSR) file.

For non-BWDSB students, your OSR will be requested from the last secondary school you attended and stored securely by the continuing education program. For BWDSB (current/former) students, your OSR will remain at your home school, and updated appropriately.

OFFICE USE ONLY – EDUCATION PATHWAY

1. SSGD or OSSD (under OS:IS) Initial Credit Count: _____ Maturity Credits Required: #____ NA
2. OSSD (under OSS) Initial Credit Count: _____
 Junior PLAR Required NA Complete
 Senior PLAR Required NA Complete
 Literacy Requirement: OSSLT Successful OLC40 Required Complete
 Community Involvement: Complete _____ hrs complete, ∴ _____ hrs remaining All 40 hrs Req.
3. Upgrading

Course Code	Date Started <i>Month / Day / Year</i>	Date Complete <i>Month / Day / Year</i>	Final Mark
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____

4. Referral From:
 - YMCA Employment VPI OW/ODSP Former Secondary School LBS Provider (All)
 - ESL / LINC Referral: Proof of: Level 6 Level 7

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continued**