



YORK REGION DISTRICT SCHOOL BOARD

CONTINUING EDUCATION SERVICES

NIGHT & SUMMER SCHOOL

ADULT STUDENT REGISTRATION FORM

**CRITERIA: NOT ATTENDING A DAY SCHOOL;
ATTACH A RECENT CREDIT COUNSELLING SUMMARY
OR PHOTOCOPY OF TRANSCRIPT**

PLEASE PRINT

Name _____ / _____
Last Legal First

Sex: M F Date of Birth ____ / ____ / ____ OEN _____
YR MO DA Ontario Education Number

Address _____
Street City Postal Code

Home Phone # () _____ Business/Cell Phone # () _____

Name of Last Secondary Day School Attended _____ Year _____
(marks to be forwarded)

Address _____
Street City Postal Code

Canadian Citizen or Landed Immigrant: Yes No If no, give status _____

Country of Origin: _____ Province of Birth _____

CREDIT COURSES

First Choice

Subject _____ Course Code: _____

at _____ / _____
School Centre Start Date

Student Signature: _____

Second Choice

Subject _____ Course Code: _____

at _____ / _____
School Centre Start Date

Student Signature: _____

- Are you of Aboriginal Ancestry? Yes No
Please check: First Nation – living on a reserve and funded by Federal Government Metis
 First Nation – off reserve and attending a publicly funded school Inuit

Students will be contacted if a course is to be cancelled due to insufficient enrollment at that site. If possible, an alternative site will be arranged. Cheques or cash for the \$10.00 Consumable Fee, which includes the I.D. Badge, will be collected the first week of class. Cheques are to be made payable to the York Region District School Board. The I.D. Badge is to be worn at all times by staff and students within the school site.

DISTRIBUTION

White - Sent to Continuing Education Services
**Yellow – Retained by student and brought to
School on the first day of classes**

FOR OFFICE USE ONLY

REGISTERED
(Yes) _____ (No) _____ BY _____

TRANSFERRED TO _____