

Instructions:

1. Download the registration form to your computer.
2. Open and complete in Adobe Acrobat. If you don't have Adobe Acrobat, you can download it for free: Adobe Acrobat DC (<https://get.adobe.com/reader/>)
3. Save the file by adding your student number to the end of the file name.
For example: NS Reg 123456789.pdf
4. Send this file to your designated guidance counselor

Please fill out in Adobe Acrobat



TCDSB NIGHT/SATURDAY SCHOOL SECONDARY CREDIT COURSES

REMOTE LEARNING REGISTRATION FORM

PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____ HOME PHONE NUMBER _____

DATE OF BIRTH (YYYY-MM-DD) _____ ONTARIO EDUCATION NUMBER (OEN) _____ MALE FEMALE _____ GRADE _____

TRILLIUM TCDSB STUDENT NUMBER _____ EMERGENCY CONTACT _____ EMERGENCY PHONE NUMBER _____

STUDENT STATUS: ONTARIO RESIDENT VISA STUDENT _____
 STUDENT TCDSB E-MAIL ADDRESS (example: tcdsbusername@tcdsb.ca) _____

REMOTE LEARNING - CREDIT COURSE INFORMATION

Please enter a course and an alternate course for the session below. Please check our website for course availability. www.tcdsb.org/continuinged

Monday & Wednesday	REMOTE LEARNING - COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____
	REMOTE LEARNING - ALTERNATE COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____
Tuesday & Thursday	REMOTE LEARNING - COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____
	REMOTE LEARNING - ALTERNATE COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____
Saturday School	REMOTE LEARNING - COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____
	REMOTE LEARNING - ALTERNATE COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____

DAY SCHOOL INFORMATION & APPROVAL

Checking the boxes below represents your signature and consent to fully comply with our TCDSB Acceptable Use Policy & Code of Behaviour:

Parent/Guardian Signature Student Signature
 (Required if student under 18) (Required if student under 18)

Students: Please check our website before the start of your course program for course availability at www.tcdsb.org/continuinged
The TCDSB reserves the right to cancel or relocate a class.



CURRENT DAY SCHOOL _____
 DATE _____

FOR OFFICE USE ONLY: Courses Approved: Yes No If no, reason: _____
 Date Entered on Trillium Companion: _____
 Approved by: _____