

SUMMER REGISTRATION FORM

Building resiliency and fostering well-being as we continue to support student success and achievement.

PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____ PRIMARY PHONE NUMBER _____

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

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

PARENT/GUARDIAN E-MAIL ADDRESS _____ STUDENT E-MAIL ADDRESS (@TCDSB.CA) _____

STUDENT STATUS

ONTARIO RESIDENT

VISA STUDENT

CREDIT COURSE INFORMATION

Please select your course and method of course delivery. *For upgrading courses, the minimum required mark is 35%
Please visit our website at www.tcdsb.org/continuinged for dates, times and locations.

			IN-PERSON	
IN-PERSON SUMMER SCHOOL LOCATION _____			<input type="radio"/> ALL DAY <i>* Please note: In-person classes are scheduled at the same time as remote learning.</i>	
COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____		
ALTERNATE COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____		
			REMOTE LEARNING	ECLASS
COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____	<input type="radio"/> UPGRADING AM <input type="radio"/> UPGRADING PM <input type="radio"/> ALL DAY	<input type="radio"/> SESSION 1 <input type="radio"/> SESSION 2
ALTERNATE COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____		
COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____	<input type="radio"/> UPGRADING AM <input type="radio"/> UPGRADING PM <input type="radio"/> ALL DAY	<input type="radio"/> SESSION 1 <input type="radio"/> SESSION 2
ALTERNATE COURSE NAME & CODE _____	PREREQUISITE COURSE CODE (IF ANY) _____	FINAL MARK _____		
*For CHV20 - Civics and Citizenship (0.5 credit) & GLC20 - Career Studies (0.5 credit) ONLY: Please indicate that you are registering for:				
<input type="radio"/> Both CHV20 & GLC20 in eClass: Session 1 <input type="radio"/> Only CHV20 in eClass: Session 1 <input type="radio"/> Only GLC20 in eClass: Session 1 <input type="radio"/> Both CHV20 & GLC20 in eClass: Session 2 <input type="radio"/> Only CHV20 in eClass: Session 2 <input type="radio"/> Only GLC20 in eClass: Session 2				

DAY SCHOOL INFORMATION & APPROVAL

By signing above, I verify that I have read and understood the Code of Behaviour (see reverse side). I agree to comply fully with the Code of Behaviour while attending the Summer School Program.

SIGNATURE OF PARENT/GUARDIAN
(Required only for students under 18 years of age)

SIGNATURE OF STUDENT



CURRENT DAY SCHOOL _____

DAY SCHOOL APPROVAL - SIGNATURE OF PRINCIPAL/DESIGNATE _____

DATE _____

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.
White Copy - Student/Summer School Yellow Copy - Secondary School