



## Toronto Catholic District School Board Continuing Education Report Card Policy

### The Report Card Process:

1. Complete and sign a Report Card Request Form.
2. Submit the completed form to **TCDSB Continuing Education Department at:** 80 Sheppard Ave. East Toronto, Ontario M2N 6E8 **or** fax it to 416-229-7057
3. When the TCDSB Continuing Education Department has processed and completed the request, students will be notified that their report cards are ready for pick up by the requested method.
  - Note: Students can request to have them mailed to their home address. However, the document will only be mailed to the address listed on the report card. If the address has changed, the student would need to pick-up the report card in person.
4. When picking up report cards, students must show government issued, photo ID that proves their identity.
  - Note: Report cards will not be released to parents/guardians of a student who is over the age of 18 without signed consent from the student.

### Report Card Fees:

- Replacements/Reissues for less than 1 year ago are \$10 for the first copy.
- Replacements/Reissues for more than 1 year ago are \$20 for the first copy.
- For each additional copy - \$5 per copy.

*Note: Only cash or certified cheque payments will be accepted. Certified cheques can be made out to: TCDSB - Continuing Education Credit Courses.*

### Other Important Information:

- Report card requests cannot be accepted over the phone. Students must complete and sign a Report Card Request form in person, or by mail/fax.
- Report cards cannot be faxed to an external recipient (such as a university/college) without the student presenting their identity in person.

**TCDSB - CONTINUING EDUCATION DEPARTMENT**

80 Sheppard Ave. East

FAX: (416) 229-7057

Toronto, Ontario M2N 6E8



# REPORT CARD REQUEST FORM

## PERSONAL INFORMATION (Please PRINT clearly)

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH (YYYY-MM-DD) \_\_\_\_\_ ONTARIO EDUCATION NUMBER (O.E.N) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

## PROGRAM

PROGRAM:  NIGHT SCHOOL      TERM:  SEMESTER 1      YEAR: \_\_\_\_\_  
 SUMMER SCHOOL       SEMESTER 2  
 SATURDAY INTERNATIONAL LANGUAGES       SUMMER  
 ECLASS ONLINE LEARNING  
 OTHER (please specify): \_\_\_\_\_

## COURSE INFORMATION

SCHOOL: \_\_\_\_\_

COURSE: \_\_\_\_\_ COURSE CODE: \_\_\_\_\_

## HANDLING OPTIONS

TOTAL NUMBER OF REPORT CARDS TO BE ISSUED: \_\_\_\_\_

NUMBER OF REPORT CARDS IN AN UNSEALED ENVELOPE: \_\_\_\_\_

NUMBER OF REPORT CARDS IN A SEALED ENVELOPE: \_\_\_\_\_

FAX       MAIL:

MAIL TO:  
RECIPIENT'S COMPLETE MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

**REPORT CARD FEES:**  
- REPLACEMENT/REISSUES FOR LESS THAN 1 YEAR IS \$10  
- REPLACEMENT/REISSUES FOR MORE THAN 1 YEAR IS \$20  
EACH ADDITIONAL REPORT CARD IS \$5

ONCE MY REPORT CARD IS READY, PLEASE:

EMAIL ME       CALL ME

PAYMENT DUE: \_\_\_\_\_  
(ADD YOUR FEES)

**FOR OFFICE USE ONLY**  
PROCESSED BY:  
DATE RELEASED:

## APPROVAL

STUDENT SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (if under 18) \_\_\_\_\_

DATE \_\_\_\_\_

*By signing above, I verify that I have read and understood the Report Card Request Policy and give permission for this information to be released.*

**Remember to sign this for before mailing or faxing**