

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 SCHOOL SECONDARY CREDIT COURSES

REGISTRATION FORM - SPRING PROGRAM

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

TCDSB STUDENT NUMBER

EMERGENCY CONTACT

EMERGENCY PHONE NUMBER

STUDENT STATUS: ☐ ONTARIO RESIDENT ☐ VISA STUDENT ☐

STUDENT TCDSB E-MAIL ADDRESS (example: tcdsbusername@tcdsb.ca)

CREDIT COURSE INFORMATION: Each credit course is 94.5 hours (27 Sessions X 3.5 hours)

Please enter a course and an alternate course for the session below. Please check our website for course availability.

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

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

By signing below, I verify that I have read and understood the Code of Behaviour. I agree to fully comply with our TCDSB Acceptable Use Policy & Code of Behaviour:

PARENT SIGNATURE (REQUIRED IF STUDENT IS UNDER 18)



CURRENT DAY SCHOOL

STUDENT SIGNATURE

SIGNATURE OF PRINCIPAL/DESIGNATE

DATE

FOR OFFICE USE ONLY: Courses Approved: ☐ Yes ☐ No If no, reason:

Date Entered on ConEd Companion: _____

Approved by: _____