



**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD  
TLDSB STUDENT REGISTRATION  
Summer School Online Course 2023-24**

Your registration is NOT complete until this **signed** application form  
is received at Lindsay AAEC.

Deadline is **FRIDAY JUNE 14, 2024 @ 3:00PM**

**EMAIL: [anewstart@tlds.on.ca](mailto:anewstart@tlds.on.ca)**

|   |                |                         |               |
|---|----------------|-------------------------|---------------|
| Legal Last Name, First Name, Middle Name  |                |                         | Home Phone    |
| Preferred Last Name, First Name (same as above <input type="checkbox"/> )   |                |                         | Cell Phone    |
| Preferred Pronouns  |                | Preferred Email Address |               |
| Date of Birth<br>Month                      Day                      Year   | Student Number |                         | OEN           |
| Current / Home School (check one)<br><input type="checkbox"/> AAEC <input type="checkbox"/> BMLSS <input type="checkbox"/> FFSS <input type="checkbox"/> GHS <input type="checkbox"/> HHS <input type="checkbox"/> HHSS <input type="checkbox"/> IEW <input type="checkbox"/> LCVI <input type="checkbox"/> VLC   |                |                         | Current Grade |
| Does the student have an Individual Education Plan (IEP) that requires review for this placement? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |                         |               |
| <b>Parent / Guardian / Emergency Contacts</b>   |                |                         |               |
| Last Name, First Name   |                |                         | Relationship  |
| Email Address   |                |                         | Cell Phone    |
| <b>Medical</b>  |                |                         |               |
| Does the student have allergies and/or health conditions that <b>are life-threatening</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, give details. Include food allergies:   |                |                         |               |
| <b>Permissions/Consents</b>   |                |                         |               |
| The permissions / consents that were provided to the TLDSB home school will also apply during Night School Co-op. This includes Computer and Internet Acceptable Use as well as permissions for student photograph/name/work to be displayed in school buildings, in Board publications and websites, and in print and/or electronic media.<br><br>It is your responsibility to advise the school immediately if you would like to change any permissions / consents. |                |                         |               |

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|--|
| <b>For School Guidance Department Staff to Complete</b>                                |
| Course Selection (please check)  |
| <input type="checkbox"/> OLC 40 (1.0 credit) - Live Sessions 9:30 - 12:45 (5 days/wk)  |
| <input type="checkbox"/> GLC 20 (0.5 credit) - Live Sessions 9:30 - 10:45 (5 days/wk)  |
| <input type="checkbox"/> CHV 20 (0.5 credit) - Live Sessions 11:30 - 12:45 (5 days/wk) |

## Acknowledgement (School, Student and Parent)

**School Acknowledgement / Approval:** There has been consultation and counseling with regards to the aforementioned student participating in Summer School Online Course.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Acknowledgement:** I understand that the summer program runs from July 2 - 25 and that I must attend daily. I understand that I will need to spend approximately five to six hours per day for a full credit course and two to three hours for a half credit course. I will have reliable high-speed internet access for the duration of my course.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Acknowledgement:

- I/we certify the information submitted on this application is correct.
- I/we understand that it is our responsibility to advise the school immediately of any changes in information stated on this form.
- I/we understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization of my child if deemed necessary.

PLEASE NOTE: If your child is 16 or 17 years of age at the time of this collection, you must have the necessary consent of the child to permit the collection under the Municipal Freedom of Information and Protection of Privacy Act.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy of Confidential Information

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the school principal.