



NIGHT SCHOOL 2025 REGISTRATION FORM

Name: _____
Last Name First Name

Address: _____
Number Street Postal Code

Phone Number: _____ Email: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female Other
Day Month Year

Course Selection: _____
1st Choice 2nd Choice

Prerequisite Credit Obtained, Course Code: _____

School Presently Attending: _____

Students Under 18

Parent/Guardian Contact: Name: _____ Phone: _____

Email: _____

Principal/Guidance Contact : _____

Does this Student have an IEP? Yes No

English as a Second Language Registration Information

Country of Origin: _____ Arrival Date: _____

Current School (if applicable): _____ Language Spoken: _____

Canadian Citizen HSCDSB Student Permanent Resident Other

NOTE: Email completed form to joanne.barton@hscdsb.on.ca before Friday, February 7, 2025.

Keep this section for your records

Name: _____

Course Selection: _____
1st Choice 2nd Choice

Eligibility: Canadian citizens, permanent residents, and HSCDSB students.

Note: All classes listed are tentative and subject to sufficient enrolment.