



Day Student Night Credit - Registration Form

Wellington Centre for Continuing Education

1428 Gordon Street, Guelph, ON N1L 1C8

Phone: (519) 836-7280 Fax: (519) 837-0244

PLEASE PRINT ALL AREAS MUST BE COMPLETED

OEN#: _____

Legal Last Name: _____ Legal First Name: _____ Middle Name: _____

Apt/Unit # _____ Street # _____ Street Name (NSEW) _____ City _____ Postal Code _____ Township _____ County _____

Home Telephone _____ Cell/Work _____ e-mail address _____

Date of Birth: _____ / _____ / _____ M/F/O

May we contact you via email about our other programs? Yes/no *please see note on reverse	Are you an international fee paying student? Yes/no
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First Language: _____ Citizenship: _____

Province/Country of Birth: _____ Date of Arrival in Canada: _____ / _____ / _____

Status in Canada-*The code number indicates the student's status in Canada- PLEASE CIRCLE*
Canadian Citizen - 01 Permanent Resident/Landed Immigrant - 03 Other Visa - 05 Refugee Status - 07
Native Ancestry - 02 Student Visa - 04 None of the Above - 06

COURSE REQUESTED: _____ I will attend class on TUES (JFR) WED (CWDHS) or THURS(ODSS) Choose one

CLASSES RUN TUESDAY, WEDNESDAY AND THURSDAY EVENINGS FOR 10 WEEKS - one night in class, 2 nights online

(to be filled in by Guidance Counsellor) Mark received in Pre-Requisite Course: _____

CONDITIONS OF ENROLMENT:

1. The student MUST have been counseled by the Principal or Guidance Counsellor at their present school.
2. The student MUST present this form signed by both their Day School Principal and Guidance Counsellor.

Principal's Signature _____ School Name _____ Date _____

Guidance Counsellor _____ Entry Date to Sec. School _____ Date _____

REGISTRATION FEE MUST ACCOMPANY FORM*

****Make Cheque payable to Wellington Centre for Continuing Education Please turn over →**

The above information is collected under the legal authority of the Education Act, R.S.O. 1980, c.129,s.237 and Regulation 271, Pupil Records (R.R.R.O.1980). This information will become part of the students official school record and could be accessed by supervisory officers, principals, teachers, and support staff. Queries concerning this information collection should be directed to the Principal of Continuing Education, 1428 Gordon Street, Guelph, ON N1L 1C8 (519) 836-7280.

FOR OFFICE USE ONLY

Date Payment Received: _____ / _____ / _____ Receipt #: _____ Received by: _____
Mo Day Yr

Amount: _____ Cash Cheque Visa MC Debit

Credit Card #: _____ Expiry Date: _____

MEDICAL INFORMATION

Indicate health problems or disabilities that may affect the School program or activities.

allergies heart hearing sight speech other

Comments: _____

The main purpose for providing these classes is to serve adults and day school students if their day school cannot serve them. A student who is enrolled for four credits and requires one more credit to graduate can enrol with ***signed*** permission from their principal/guidance counselor.

** By providing your email address you may receive electronic communication from the school which may or may not contain commercial electronic messages. If you have any questions or if you wish to withdraw your consent at any time, click "Unsubscribe" to remove your name from our contact list. For additional information on Canada's Anti-Spam Legislation, you may visit our board's website at www.ugdsb.on.ca*