

Adult & Community Education
NIGHT SCHOOL CREDIT COURSES
Adult Student Information



GENERAL INFORMATION

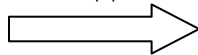
1. Evening classes are organized mainly for adults who have left day school.
2. A maximum of one course per semester may be taken.
3. Completed applications may be submitted via mail (see address below), faxed (905) 646-9377 or scanned and emailed to Trisha.Miller@dsbn.org
4. Please note that there will be an additional fee of \$100(cash only) for a textbook deposit which will be refunded when the textbook is returned to the Night School office. A cheque will be issued and mailed to the address on file within 10-15days.
5. Credit Course Locations:
Academic courses listed on pages 4 & 5 of the "Learn, Explore, Discover" guide are offered at St. Catharines Collegiate, on Tuesday & Thursday's from 6:30pm to 9:30pm, February 19, 2013 to June 6, 2013.
6. Cancellation of Classes – A minimum enrolment of 22 students is required for a course to be offered. The District School Board of Niagara reserves the right to terminate, combine or offer an alternative mode of delivery (such as correspondence materials) to any course in which enrolment falls below the acceptable level. You will only be notified by a phone call if the course is Cancelled.

Freedom of Information and Protection of Individual Privacy Act

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990 c.E.2, as amended, and will be used for the Ontario Student Record and for administrative purposes. Questions about collection may be directed to the

Director of Education,
District School Board of Niagara,
191 Carlton Street, St. Catharines, ON, L2R 7P4
(905) 641-1550

Please see reverse side for application to be completed.



Adult & Community Education
NIGHT SCHOOL CREDIT COURSES
Adult Application



PLEASE PRINT

OEN #: _____ (this can be found at the top of your current report card or transcript)

Last Name: _____

First Name: _____

Address: _____

City: _____

APT/UNIT/P.O. Box: _____

Postal Code: _____

Home #: (____) _____

Cell #: (____) _____

Gender: ☐ MALE ☐ FEMALE

Date of Birth: YY/MM/DD

Language First Spoken: _____

Status in Canada: _____

Other Information Required

Maiden Name: _____

Visa Student: ☐ YES ☐ NO
(Payment is required with application form)

Last School attended: _____

Graduated: ☐ YES ☐ NO

The reason for taking the course:

☐ Working towards an Ontario High School Diploma

☐ Upgrading

☐ Last Credit to Graduate

☐ Need credit to apply for College/University

COURSE REQUESTED

Course Request: _____

Student's Signature: _____

Date: YY/MM/DD

please submit completed application by Friday, February 15, 2013 to:

Adult & Community Education
535 Lake Street, St. Catharines, ON, L2N 4H7
Phone: (905) 687-7000
Fax: (905) 688-7753
Email address: Trisha.Miller@dsbn.org