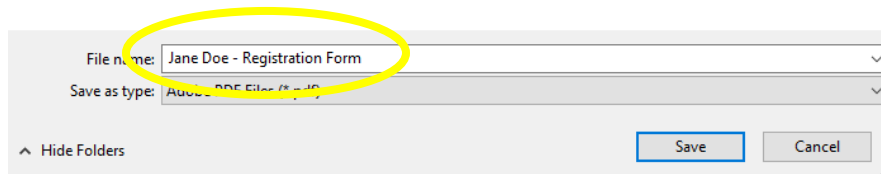
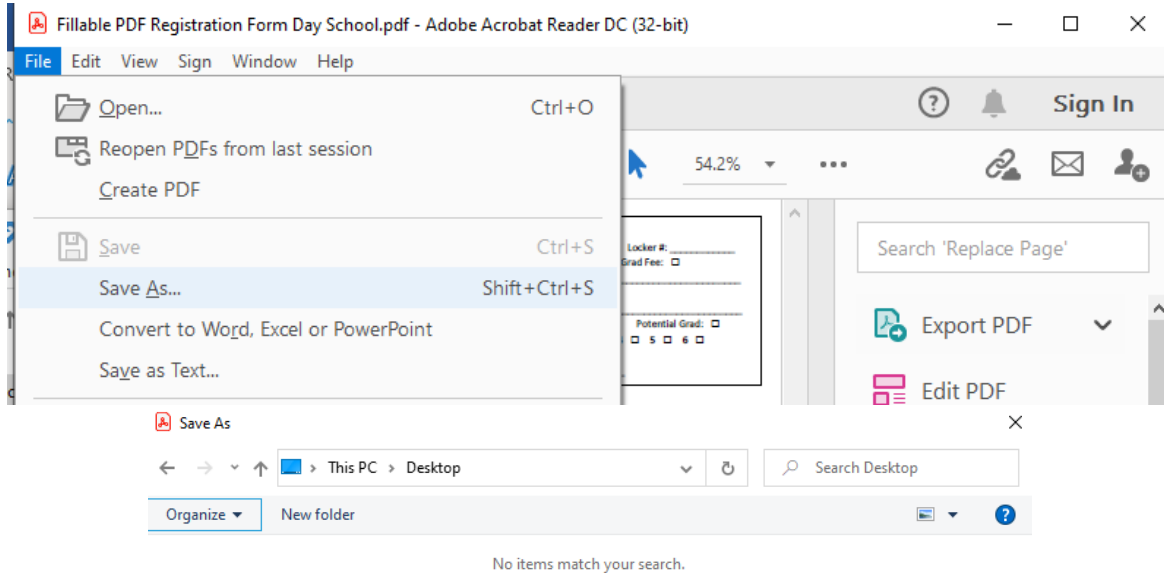




Lifetime Learning Centre Registration Submission Instructions

Step 1: Download the form to your computer or device & **SAVE AS** – Rename file to **First Name, Last Name – Registration Form**



Step 2: Fill out Registration Form.

Step 3: **SAVE** again.

Step 4: Email karen.mcmurray@dsbn.org (click link to open email) with Subject Line – Registration Form – Day School.

Return to www.lifetimelearning.ca to book your appointment with our guidance counsellor.

STUDENT REGISTRATION FORM

LIFETIME LEARNING CENTRE

535 Lake Street

St.Catharines, ON L2N 4H7

TEL: (905) 646-3737

FAX: (905) 646-9377



OFFICE USE ONLY:

Referral Source: _____ Locker #: _____
Activity Fee: Amount \$: _____ Grad Fee:
Birthdate Verification (document given): _____
Status in Canada Verified: Yes
Learning Supports Needed: _____
Timetabled: OSR Requested: Potential Grad:
Term(s) Attending: 1 2 3 4 5 6
OCAS: OUAC: OEN #: _____

If your status in Canada is Refugee or Visitor, or you are here on a Visa or Permit, WELCOME! You are required to contact the District School Board of Niagara's Welcome Centre to obtain a Letter of Permission to attend school and instructions to apply for a Study Permit. If it is determined you are an International Student, additional fees may apply. Email: welcomecentre@dsbn.org or Phone: 905-641-1550 x 54152.

Student Information: Date of Birth: (Month/Day/Year) _____/_____/_____ Gender: Male or Female

Legal Surname: _____ Previous Surname(s): _____

First Name: _____ Middle Name: _____

Student Address: _____ Unit Type: _____ City: _____

Postal Code: _____ Telephone: _____ Email: _____

CITIZENSHIP (please check one of the following): Canadian Citizen
Permanent Resident Student Visa Other Visa Refugee Status

Voluntary and Confidential Self Identification:

First Nations (living on or off Reserve) Métis Inuit

Born in Canada? Yes or No If yes, PROVINCE OF BIRTH? _____

If not born in Canada, BIRTH COUNTRY: _____

ENTRY DATE TO CANADA BIRTH (Month/Day/Year): ____/____/____

Supporting Documentation: _____

Expiry Date (Month/Day/Year): ____/____/____

Health Information:

Medical Emergencies e.g. anaphylaxis, epilepsy, etc. Daily Medication Needed?

If YES, additional forms must be filled out. Yes or No

Information gathered on First Nations, Métis, Inuit ancestry will help the DSBN learn more about indigenous student achievement and allocate resources and supports to improve learning and student success. Any email address provide by you may be used to communicate with you. Some of these messages may be commercial in nature. Questions about the collection of this information should be directed to the Principal of the school.

➔ Have you previously attended the Lifetime Learning Centre? Yes or No

➔ Have you ever attended a Secondary or Elementary school in Ontario? Yes or No

Name of Last Secondary School: _____ City: _____

Did you graduate? Yes or No Do you intend to graduate with the Lifetime Learning Centre? Yes or No

Are you working towards: Diploma Completion Upgrading Credits Employment Job Readiness Training, e.g. computer classes

Personal Support Worker Program (PSW)

I am fully aware of the Continuing Education Student Expectations, Board Policies, and I agree to abide by them.

GUIDELINES FOR THE RELEASE OF INFORMATION UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.

The District School Board of Niagara is an institution governed by the Municipal Freedom of Information and Protection of Privacy Act regarding the collection, use and disclosure of personal information in the custody or under the control of the Board.

➔ Consent to your name, photograph, image and/or audio recording and/or accomplishments released:

- In school or DSBN publications, e.g. newsletters, annual report, etc. Yes or No

- To the media, e.g. radio, television, newspapers, including their online and social media channels Yes or No

- In school or DSBN Electronic publications, e.g. web pages and social media Yes or No

➔ Consent to receive electronic communications from your school and the DSBN as per Canada's Anti-Spam Legislation Yes or No

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).

Signature of Student

Date