



Waterloo Region District School Board

NIGHT SCHOOL REGISTRATION FORM

For students not currently attending a WRDSB day school

Cameron Heights Night School
301 Charles St. E., Kitchener

Galt Collegiate Night School
200 Water St. N., Cambridge

PERSONAL INFORMATION:

Male
 Female

First Name & Initial _____ Last Name _____

Address: _____

Apt. # _____ Street # _____ Street Name _____ City _____ Postal Code _____

Phone #: _____ Cell #: _____

Birthdate: OEN #:

Year Month Day

COURSE INFORMATION: Course Code: I First Choice Course Code: I Second Choice

Note: If your first choice course is cancelled you will be enrolled in your second choice automatically. If your second choice course is cancelled as well, you will be notified by phone up to 4 pm on the first day of class.

It is your responsibility to advise the Night School office at 519-885-0800 if you change your mind and do not want to attend Night School. Students who miss the first night of class will be removed unless prior arrangements are made by calling 519-885-0800 at least 24 hours prior to the start of classes

Name and City of Last Secondary (High) School: _____

Currently Attending: Yes No If not, enter date you left high school:
Year Month

Are you a Canadian Citizen? Yes No Birth Country _____

If no, check status: Permanent Resident Student Visa If Canada, Province _____

Refugee Other Visa Entry Into Canada

Other _____
Year Month

Signature of Parental/Guardian or Student: _____ Date: _____

Signature of Principal or School Designate: _____ Date: _____

Counsellor's Name: _____

Counsellor's Signature: _____

NOTE: By signing this registration, the Home School Guidance department has verified the citizenship and acknowledges that this student is not a fee paying student.