



Grand Erie District School Board

Punjabi Secondary Credit Form 2025-26

PLEASE PRINT AND SCAN, OR EMAIL COMPLETED ELECTRONIC FORMS TO: s-geb@granderie.ca

COURSE SELECTION:

☐ **COURSE # LIPBO** - Grade 9 Open

☐ **COURSE # LIPCU** - Grade 11 University

☐ **COURSE # LIPBD** - Grade 10 Academic

☐ **COURSE # LIPDU** - Grade 12 University

*Level is based on language proficiency and may be determined by teacher.

STUDENT INFORMATION

Legal Last Name		Legal First Name		Middle Name	Gender Identification	
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Apt#	Street Address			City/Town	Postal Code	
Date of Birth (M/D/Y)	Country of Birth & Citizenship			Telephone (Cell and/or Home)		
Parent/Caregiver #1 Name & Phone No.				Parent/Caregiver #2 Name & Phone No.		
Student Ontario Education Number (OEN)				Parent/Caregiver Email Address		
Current Secondary School	Grade in School		Date of Entry into Canada (Month/Day/Year) is applicable			

Note: You MUST be registered in a public-funded school or private school in the province of Ontario to attend one of these classes.

PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

Media Consent: I give permission for my child's personal information (e.g., picture, video, name, school work) to appear on school websites, on the board's social media outlets such as its YouTube channel, Instagram, Facebook account and in school-related stories in the newspaper, school or board brochures, student produced online newspapers and reports on websites. I understand that by consenting, my child's photo, video, school work, and/or name could be used in a way that makes it accessible to the public.

Yes ☐ No ☐



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MEDICAL INFORMATION AND EMERGENCY CONTACT

Does student have a condition that could lead to anaphylactic shock?

Yes ☐ No ☐ If yes, please complete the next block.

Please provide any applicable medical information/documentation:

Name of Emergency Contact:

Emergency Contact Phone Number:

If you have provided the emergency contact name and phone number, you have given permission for the contact to be called for emergency purposes.

Parent/Caregiver Signature

Date

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform Grand Erie Learning Alternatives (519-753-6079, ext. 277012) immediately of any changes to the information contained in this form.