



Grand Erie District School Board

Punjabi Secondary Credit Form 2024-25

PLEASE PRINT AND SCAN, OR EMAIL COMPLETED ELECTRONIC FORMS TO: Stephanie.Rylance@granderie.ca

COURSE SELECTION:

<input type="checkbox"/> COURSE # LIPBO - Grade 9 Open	<input type="checkbox"/> COURSE # LIPCU - Grade 11 University
<input type="checkbox"/> COURSE # LIPBD - Grade 10 Academic	<input type="checkbox"/> COURSE # LIPDU - Grade 12 University

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 Elementary School	Grade in School	Date of Entry into Canada (Month/Day/Year)		

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, Facebook, Twitter 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



Grand Erie District School Board

Punjabi Secondary Credit Form 2024-25

PLEASE PRINT AND SCAN, OR EMAIL COMPLETED ELECTRONIC FORMS TO: Stephanie.Rylance@granderie.ca

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, #277012) immediately of any changes to the information contained in this form.