HWCDSB Night School 2026-2027
Registration form for Students not Registered in HWCDSB Day Schools

Please email this completed form, plus a photocopy of photo ID (passport/driver's license/student card) and a copy of your student transcript to info@stcharles.ca

PLEASE PRINT CLEARLY AND ALL FIELDS ARE MANDATORY:

Student: M ☐ F ☐ _____
First Name Last Name Date of Birth (day/month/year)

Address: _____
Number Street Apt/Unit No City Postal Code

Phone: _____ _____
Home Cell E-mail address

Day School: _____ Current Grade: _____ OEN: _____

Country of birth: _____ Status in Canada (Citizen, Perm. Res., Visitor, etc.): _____

Non-citizens: entry into Canada date: _____ Document expiry date: _____

Enrolled in High School: Full-time (3 or more classes) ❑ **OR** Part-Time (1 or 2 classes) ❑

Does the student have the required prerequisite to take this course? ❑YES ❑ NO

Course Code: _____ ❑ New Course OR ❑ Repeat Course - Previous mark: _____

Alternate Course Code: _____ ❑ New Course OR ❑ Repeat Course - Previous mark: _____

COURSES ARE on-line remote learning (SYNCHCHRONOUS instruction) with a face-to-Face final exam.

Signature of Student Services Head _____

As a parent/guardian of the above noted student, I approve for my son/daughter to attend Night School:

Parent/Guardian Signature (only if under 18 years old)

Date_____ Student Signature _____

A student attending day school may enroll in a Night School credit course with written permission from your Principal below:

PERMISSION GRANTED BY DAY SCHOOL

Does this student have an IEP? ☐ No ☐Yes (please provide copy)

_____ _____ _____
Principal / Designate Name (**Please Print**) Signature Date