

Algonquin and Lakeshore Catholic District School Board

LOYOLA SCHOOL OF ADULT AND CONTINUING EDUCATION STUDENT REGISTRATION FORM

Belleville PSW
 Kingston PSW
 Open Book
 Picton
 Trenton PSW

Registration Date: _____ Starting Date: _____

Name: _____
(Legal Family (Last) Name) (Legal Given (First) Name) (Legal Middle Name(s))

Preferred Name: _____ D.O.B. _____ / _____ / _____
M D Y

Previous Name: _____ Gender: M F N X
(Maiden Name, If Applicable) (Male) (Female) (Undisclosed) (Identify Another Way)

Address: _____ Emergency Contact: _____

Phone: _____

City: _____ Doctor: _____

Postal Code: _____ Phone Number: _____

Phone Number: _____ Allergies/Disabilities _____

E-mail Address: _____

School Tax Support: Public Separate _____

(If Under 18) Custody – Living With (please circle): Both Parents Mother Only Father Only Other
 Name of Person Who Has Custody of Student: _____

IEP Yes No

Exceptionality – IPRC'd: Yes No

Attended Loyola Previously: Yes No Mature Student Evaluation Needed? Yes No

Does Student Have Diploma? Yes No Number of Previous High School Credits: _____

Born in Canada: Yes No If No, Country of Birth: _____

Citizenship: Canadian Citizen First Nation Reserve Permanent Resident Student Visa
 Other Visa Landed Immigrant Refugee Status Unknown

Province of Birth: _____ First Language: _____

Date of Entry to Canada: _____
(If from another Country) Day / Month / Year

VOLUNTARY Aboriginal Self-Identification
 I am a student 18 years of age or older and of Aboriginal Ancestry
 Indicate the People or Peoples related to your ancestral origin. If of mixed ancestry, check all that apply:

First Nation _____ (Identify)
 Métis
 Inuit

Proof of age submitted and seen by: _____ Document Used: _____

Full Legal Name: _____ **DOB:** _____

I hereby authorize Loyola School of Adult & Continuing Ed. to release any relevant school information to:

CPP EI WCB VRS OW ODSP PELC Other _____

Case Worker: _____

Return Earn and Learn Applicants Only:

Employer: _____ **Supervisor:** _____

Employer Address: _____ **Employer Phone Number:** _____

For Students Transferring from another Secondary School (Interview with Administration Required)

Please Provide a copy of student's School Transcript Last Report Card Attendance Report for Current Year
Has the student ever been expelled from a school or is the student currently under expulsion Yes No

Student's Signature: _____ **Date:** _____

Principal/Designate Signature: _____ **Date:** _____

- | | |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> REAL <input type="checkbox"/> Real Day School <input type="checkbox"/> REAL ILC | PSW |
| <input type="checkbox"/> REAL E-Learning | <input type="checkbox"/> Option 1, Pre Health Program |
| <input type="checkbox"/> Co-op <input type="checkbox"/> Co-op Day School <input type="checkbox"/> Co-op ILC | <input type="checkbox"/> Option 2, Upgrade from HCA to PSW |
| <input type="checkbox"/> Co-op E-Learning | <input type="checkbox"/> Option 3, PSW plus Pre Health |
| <input type="checkbox"/> Day School <input type="checkbox"/> Day School ILC | <input type="checkbox"/> Option 4, Personal Support Worker (PSW) |
| <input type="checkbox"/> Day School E-Learning | |
| <input type="checkbox"/> E-Learning | |
| <input type="checkbox"/> ConEd ILC | |

Paid by: OW Sponsored Cash Cheque \$ _____ **Receipt #** _____

FOR OFFICE USE ONLY

Student I.D.# _____ **Date OSR Requested:** _____ **OEN#** _____

Date OSR Received: _____

The personal information contained on this form has been collected under the authority of the Education Act R.S.O. 1990, cE. 2 and will be used to prepare assessment records, maintain records for students, statutory reporting. Users: Principal of student, all teachers responsible for the student's program, designated staff for clerical functions and assessment and transportation departments.

Algonquin & Lakeshore Catholic District School Board
151 Dairy Avenue, Napanee, Ontario K7R 4B2
613-354-2255 or 1-800-581-1116
"Leading and Learning with Faith"

Revised Aug 30, 2018

Loyola School of Adult and Continuing Education
Release of Information for all Adult Students

The municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C.M. 56 requires schools to ask permission before releasing any information about a student. Please return this form to the Guidance Office.

Student Signature: _____ Loyola Site: _____ Kingston _____

Communication with the Community

DO YOU CONSENT TO THE RELEASE OF RELEVANT INFORMATION TO:

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Your name, photograph, digital image, school work and activities being copied, used or displayed in: | | |
| a. Schools; | <input type="checkbox"/> | <input type="checkbox"/> |
| b. School Board public displays and publications such as newsletters, websites or yearbooks; | <input type="checkbox"/> | <input type="checkbox"/> |
| c. All other digital platforms used for educational purpose which include, but are not limited to, Facebook and Twitter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The school's release of your work identified by name, such as photographs, artwork, writing, or other school work, to the media to report on or publicize school events? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Your name and telephone number being given out for education-related purposes (parent advisory committee, in-school fund-raising)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Your name being given to the Board's insurance company in the event you are involved in an accident or witness one at school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Your name and home address being released as a secondary school graduate to the area's Member of Parliament (M.P.) or Member of Provincial Parliament (M.P.P.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The release of any relevant school information to the following support agencies: Canada Pension Plan (CPP), Ontario Works (OW), Ontario Disabilities Support Program (ODSP), Vocational Rehabilitation (VRS) or the Workers Safety Insurance Board (WSIB)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Communication with the employer – release and exchange of information with the employer? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: If at any time you wish to remove consent for any of the above, please contact the Principal.

Revised Aug 30, 2018

I certify that I have completed _____ hours of service in my community

Signature: _____



Algonquin and Lakeshore Catholic District School Board

Student Acceptable Computer Use Agreement - Senior

I am applying for access to the Internet and agree to the following guidelines:

1. My network access is for personal educational purposes only, including research, intellectual exchanges, educational projects, and like purposes. I understand that commercial (for profit) and recreational (game playing) use of the network is not permitted.
2. I will abide by all federal and provincial laws regarding copyright, threatening or obscene material, racism and sexism or all other immoral, unethical or illegal activities. I agree to be responsible for respecting intellectual property rights and the laws which govern them.
3. I will not assist others in breaking these rules or be a party to others breaking these rules.
4. I will not intentionally seek information about, browse, obtain copies of, or modify files, passwords, belonging to other people, whether at school or elsewhere.
5. I will refrain from using or introducing to the school computer environment, whether network or stand-alone, files, programs, or drives known to contain viruses. In this spirit, I will also regularly check my files and drives for viruses and endeavour to keep computing systems virus-free.
6. I will not try to obtain systems privileges to which I am not entitled.
7. I will not share my login and password with others, nor attempt to learn or use logins and passwords which are not my own.
8. I will not exploit any gaps in security, and furthermore will report these gaps immediately to my teacher.
9. At any time during my use of Internet I am willing to explain to a supervisor or teacher my activities, and for what purpose I am accessing certain files.
10. If I encounter any material which is inappropriate, obscene, abusive, offensive, harassing, or illegal or which counsels illegal activities, I will report it to my teacher immediately.
11. The school reserves the right to review, edit or remove any material stored on school computer/network facilities.
12. I agree to the immediate loss of my privileges should I fail to abide by any of the above. School disciplinary and/or legal action may be invoked where necessary.

Student access for student's under 18 years of age requires that a parent/guardian read AND sign the following:

'I understand and agree to all the terms noted in this document.'

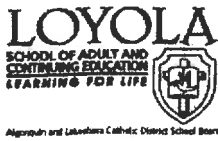
Student: _____

Date: _____

Parent: _____

Date: _____

If there are any questions, please do not hesitate to contact the school principal or IT Services department BEFORE signing.



LOYOLA, SCHOOL OF ADULT & CONTINUING EDUCATION

Principal: Rob Gilmour

HEAD OFFICE
Kingston, Ont.

Phone (613) 544-3361
Fax (613) 547-0999

Kingston Campus
1440 Princess Street
Kingston, Ontario
K7M 3E5
Tel (613) 544-3361
Fax (613) 547-0999

Open Book Campus
1440 Princess Street
Kingston, Ontario
K7M 3E5
Tel (613) 544-3361
Fax (613) 547-0999

Belleville Campus
41 Octavia Street Unit 6
Belleville, Ontario
K8P 3P1
Tel (613) 966-9210
Fax (613) 966-0204

Picton Campus
97 Main Street, Unit 1
Picton, Ontario
K0K 2T0
Tel (613) 476-9685
Fax (613) 476-6938

Trenton Campus
91 Creswell Drive,
Suite 300
Trenton, Ontario
K8V 3G5
Tel (613) 965-5840
Fax (613) 965-6610

STUDENT RELEASE OF RECORDS

Date: _____

To: Principal/Head of Guidance

School: _____

Address: _____

RE: Student Name: _____

Date of Birth: _____

Year of Leaving: _____

I, _____, hereby grant permission to release my official student transcript and/or my Ontario Student Record or equivalent, to Loyola, School of Adult and Continuing Education.

I was registered by the name of _____ when I attended your school.

Student Signature _____ Date _____



Algonquin and Lakeshore Catholic District School Board
151 Dalry Avenue, Napanee, Ontario K7R 4B2

Algonquin & Lakeshore Catholic District School Board

PLEASE CHECK OFF ALL SCHOOLS ATTENDED:

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Acheron College (_____) Site | <input type="checkbox"/> Loyola, Kingston, Belleville, Picton or Trenton |
| <input type="checkbox"/> AETC (_____) Site | <input type="checkbox"/> Loyalist Collegiate & Vocational Institute |
| <input type="checkbox"/> Bayridge Secondary School | <input type="checkbox"/> LaSalle Secondary School |
| <input type="checkbox"/> Bayridge Community Education Centre | <input type="checkbox"/> The Learning Centres (_____) Site |
| <input type="checkbox"/> Bayside Secondary School | <input type="checkbox"/> Napanee & District Secondary School |
| <input type="checkbox"/> Belleville Collegiate & Vocational Institute | <input type="checkbox"/> Nicholson Catholic College |
| <input type="checkbox"/> Campbellford District High School | <input type="checkbox"/> North Addington Education Centre |
| <input type="checkbox"/> Centennial Secondary School | <input type="checkbox"/> North Hastings High School |
| <input type="checkbox"/> Centre for Individual Studies (_____) Site | <input type="checkbox"/> Prince Edward Collegiate Institute |
| <input type="checkbox"/> Centre Hastings Secondary School | <input type="checkbox"/> Queen Elizabeth Collegiate & Vocational Ins. |
| <input type="checkbox"/> Cobourg District C.I. East West | <input type="checkbox"/> Quinte Adult Education |
| <input type="checkbox"/> East Northumberland Secondary School | <input type="checkbox"/> Quinte Detention Centre |
| <input type="checkbox"/> Ecole S.C. Marie-Rivier | <input type="checkbox"/> Quinte Secondary School |
| <input type="checkbox"/> Ernestown Secondary School | <input type="checkbox"/> Regiopolis/Notre Dame High School |
| <input type="checkbox"/> Frontenac Secondary School | <input type="checkbox"/> St. Paul Catholic Secondary School |
| <input type="checkbox"/> Gananoque Secondary School | <input type="checkbox"/> St. Theresa Catholic Secondary School |
| <input type="checkbox"/> Gateway Community Education Centre | <input type="checkbox"/> Second Chance |
| <input type="checkbox"/> Granite Ridge Education Centre | <input type="checkbox"/> Sharbot Lake High School |
| <input type="checkbox"/> Holy Cross Catholic Secondary School | <input type="checkbox"/> Streetsmart KCVI Community Ed. Centre |
| <input type="checkbox"/> Independent Learning Centre – TVO | <input type="checkbox"/> Sydenham High School |
| <input type="checkbox"/> Katarokwi Learning Centre (Frontenac L.C.) | <input type="checkbox"/> Thousand Islands Secondary School |
| <input type="checkbox"/> Kingston Collegiate & Vocational School | <input type="checkbox"/> T.R. Leger (_____) Site |
| <input type="checkbox"/> Limestone Community Education Centre | <input type="checkbox"/> Trenton High School |
| <input type="checkbox"/> Moira Secondary School | <input type="checkbox"/> William R. Kirk |
| <input type="checkbox"/> OTHER, Please list all: _____ | |

