

# DURHAM ALTERNATIVE SECONDARY SCHOOL STUDENT REGISTRATION PROCEDURES

## Day School for students 17 to 21 years old

<b>MAIN CAMPUS OSHAWA</b> 240 Simcoe Street South Oshawa, ON L1H 4H4 Phone: 905-579-1990 Fax: 905-579-9722	<b>PICKERING CAMPUS</b> 1400 Bayly Street, Unit 21 Pickering, ON L1W 3R2 Phone: 905-839-2913 Fax: 905-839-1603	<b>NORTH – PORT PERRY CAMPUS</b> 15930 Old Simcoe Road, Unit 9 Port Perry, ON L9L 0A2
<b>email: <a href="mailto:durhamalternativessecondaryschool.ddsb.ca">durhamalternativessecondaryschool.ddsb.ca</a></b>		

### **GUARDIAN MUST ATTEND THE REGISTRATION APPOINTMENT FOR A STUDENT UNDER 18**

#### **STUDENTS RETURNING TO DASS (LAST SCHOOL ATTENDED WAS DASS)**

- ❖ Call 905-579-1990 to set-up an appointment to register for the Oshawa or Port Perry Campus.
- ❖ Call 905-839-2913 to set-up an appointment to register for the Pickering Campus.
- ❖ **Bring proof of address to the appointment (i.e., bill, lease agreement, etc.).**

#### **STUDENTS TRANSFERRING FROM ANOTHER DURHAM SCHOOL TO DASS**

- ❖ Student/Guardian to get the following from their previous school:
  - Verification Form
  - Status Sheet or Transcript
  - Section 2 Form (attached) to be completed by the Principal or Vice Principal from the previous school.  
Note: It is the responsibility of the student/guardian to take Section 2 to their previous school.
- ❖ Student/Guardian to make modifications to the Verification Form as needed.
- ❖ Fax, email or drop off above forms to either DASS Oshawa or Pickering. Once all the documents have been received and verified complete, an appointment can be made.
- ❖ **Bring proof of address to the appointment (i.e., bill, lease agreement, etc.).**

#### **STUDENTS – BRAND NEW (NEVER ATTENDED A DURHAM SCHOOL)**

- ❖ Student/Guardian is to complete a “NEW STUDENT REGISTRATION” on-line.
- ❖ Go to the DDSB Website > Our Schools > under heading “Find a School” select register for school > under heading “Register a student for school” select New Student
- ❖ Student/Guardian to get the following from their previous school:
  - Transcript or Status Sheet or Credit Counselling Summary
  - Section 2 Form (attached) to be completed by the Principal or Vice Principal from the previous school.  
Note: It is the responsibility of the student/guardian to take Section 2 to their previous school.
- ❖ Fax, email or drop off above forms to either DASS Oshawa or Pickering. Once all the documents have been received and verified complete, an appointment can be made.
- ❖ **Bring proof of address (bill, lease agreement, etc.) and age (birth certificate or passport – no photocopies permitted) to the appointment or we will not be able to register them.**
- ❖ If you don't have access to a computer to register on-line, there will be computers available at the school.

# DURHAM ALTERNATIVE SECONDARY SCHOOL

## SECTION 2 FORM for Student Registration

**TO BE COMPLETED BY PREVIOUS PRINCIPAL or VICE PRINCIPAL**

- FOR PLAR:** \_\_\_ Student has been out of school for a period of at least one year  
 \_\_\_ At least 18 years of age (on or before December 31<sup>st</sup> of the current year)  
 \_\_\_ Has fewer than 26 Ontario Secondary School Credits  
 \_\_\_ Has a transcript from another province or country

Please fax this page back to (905) 579-9722 (**Oshawa**) if application is for Oshawa, Port Perry or the Teen Parent Program OR to (**Pickering**) (905) 839-1603 if application is for the Pickering Campus.

Date: \_\_\_\_\_

**HAS CHROMEBOOK BEEN RETURNED to last school?** \_\_\_\_\_  
 (Administrator Signature)

Name of School:	School Phone Number:
<i>Principal / Vice-Principal Name: (please print)</i>	<i>Signature of Principal / Vice-Principal</i>
Student Name:	Student was registered at this school: From: _____ To: _____
<u>Courses completed:</u> ___ Grade 9 English ___ Grade 9 Geography ___ Grade 9 Science ___ Grade 9 French or Substitute ___ Grade 9 Math ___ Grade 10 Math ___ Grade 10 English ___ Grade 10 History ___ Grade 10 Civics ___ Grade 10 Careers	<u>Programs attempted:</u> ___ School Based SAL ___ CBLP (Regional SAL Class) ___ Modified Day/Timetable ___ Learn at Home Packages ___ Home Instruction ___ Other (Explain)
<u>Comments:</u>   <input type="checkbox"/> Please contact home school	
Additional Supports Needed:  <input type="checkbox"/> ESL <input type="checkbox"/> Identified with an IEP	