



**Application for Equity Studies Program for Latino Youth  
attending TDSB Day School**

**Program Dates:** February 6, 2018 to June 12, 2018

**Location:** Aboriginal Education Centre, 16 Phin Avenue

**Hours:** 4:30 pm to 7:30 pm

**Email completed application to ConEd\_eReg@tdsb.on.ca. Please quote "Equity Studies Program" in the subject line.**

TDSB Student Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(year/month/day)

Legal Surname: (Please print clearly) \_\_\_\_\_

Legal First Name: (Please print clearly) \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Day School: (Please print clearly) \_\_\_\_\_

I would like to take the following course (choose one).

Equity Studies Program for Latino Youth (HSE4M1)

Challenge and Change in Society (HSB4U1)

Applicant's Signature: \_\_\_\_\_

**PARENTAL PERMISSION (FOR STUDENTS UNDER 18 YEARS OLD)**

Parent/Guardian's Consent: \_\_\_\_\_

I give permission for my son/daughter to attend the above named Continuing Education night school/summer school.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Contact Number: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DAY SCHOOL PERMISSION**

TDSB Day School: \_\_\_\_\_

MIDENT#: \_\_\_\_\_

**I confirm that the above student has earned the pre-requisite for the above course and has permission from day school to enrol.**

Guidance Counsellor's Name: \_\_\_\_\_

Guidance Counsellor's Signature: \_\_\_\_\_

**Freedom of Information and Protection of Privacy**

The personal information on this form is collected under the authority of the Municipality of Metropolitan Toronto Act, sections 117-119, and will be used as necessary for the purpose of registering a student in Continuing and International Education credit course and for general administrative purposes, such as class lists, or for purpose such as the allocation of staff resources.