

HUMBER Student Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (HUMBER REGISTRAR'S USE ONLY)

Last Name	First Name	Middle Name

Address	Apt #

City	Province	Postal Code

Home Telephone	Emergency Contact Number	Student Email Address

Age	Birth Date YYYY-MM-DD	Gender

First Language	Preferred Language	Canadian Status (Citizenship)

 Name of Secondary School: \_\_\_\_\_

 Are you the first generation in your family to attend Post Secondary?  
 (*First generation means your parents, grandparents did not attend university or college*) 

 Do you have an IEP?  Are you planning to apply to attend College full-time in the near future? 

College Course Code e.g. PSYC003	Term (Fall or Winter)	Grade Currently Attending	# Credits Completed at High School
College Course Name:		Student OEN Number:	

**Conditions of Registration**  
**Tuition fees will be paid in full by funds from the Connecting G.T.A Teachers Planning Team**  
**Registrant's must comply with [Charter of Student Responsibilities and Rights](#)**

The information on this form is collected under the legal authorization of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M. 19:R.R.O. 1989, Reg.640. The information is used for the administrative, statistical, and research-related purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada.

I have read the above statement and I hereby authorize the release of all records related to my registration, attendance, and academic progress to the aforementioned as well my Parent/Guardian and Secondary School representatives.

By checking this box, I authorize the above-mentioned parties to contact me for the purposes of program follow-up and research relating to the dual-credit program.

Student Name (PLEASE PRINT)	Student Signature	Date

Parent/Guardian Name (PLEASE PRINT)	Parent/Guardian Signature	Date

Principal (or Designate) Name (PLEASE PRINT)	Principal (or designate) Signature	Date

## PHOTO AND TESTIMONIAL LICENSE FOR PROMOTIONAL USES

Thank you for volunteering to help us record and reflect student success at Humber!

By signing below, I grant The Humber College Institute of Technology and Advanced Learning (“Humber”), and its authorized agents, a perpetual, worldwide, royalty-free license to use my name or my child’s name (if a minor), photo(s) and/or audio, video, written testimonial, digital recordings, negatives, slides, prints or other electronic images (collectively “my Photographs”), solely to promote and advertise Humber’s programs and services in any format or medium or for other consistent purposes.

Humber may edit or annotate my Photographs without restriction and I waive any right to review or approve the finished copy or use. My Photographs may be used with or without identifying me by name or affiliation. I reserve the right to revoke my consent to Humber’s future use of my photographs or all or part of my Testimonial for the above purposes at any time by contacting those identified below, and agree that any revocation will not apply to already published promotional or advertising materials.

I certify that I am:

over the age of eighteen (18) years **or**  the parent or legal guardian

and acknowledge that I have read and understand the contents of this Consent and License pursuant to Ontario’s *Freedom of Information and Protection of Privacy Act*, I consent to the collection of my personal information in the form of my photographs and my name by Humber, its employees, agents and representatives to be used for the purposes and disclosed to third parties as described above.

**If student is over 18**, complete and sign below.

<b>Student Name</b>		<b>Telephone #</b>	
<b>Student Email</b>		<b>Humber Student ID</b>	
<b>Student Signature</b>			
Please sign here		Date	
<b>Connection to Humber:</b> <input type="checkbox"/> Dual Credit Student			

**If student is under 18**, complete and sign below with parent or guardian.

<b>Parent/Guardian Name</b>		<b>Telephone #</b>	
<b>Name of Student (minor)</b>			
<b>Student Email*</b>		<b>Humber Student ID</b>	
<b>Parent/Guardian Signature</b>			
Please sign here		Date	
<b>Connection to Humber:</b> <input type="checkbox"/> Dual Credit Student			

\* By entering my electronic contact information above, I consent to the collection, use and disclosure of the personal information provided as described in the Humber Privacy Policy, and I agree that Humber may contact me at the electronic contact information provided about scheduling of interviews and photoshoots, in relation to this license.

Internal:  
Academic School/Business Unit and Contact Name issuing this license: \_\_\_\_\_