



NEW STUDENT APPLICATION

Applicant Information

STUDENT'S FULL NAME: _____
Last Name First Name (underline name used) Middle Name(s)

DATE OF BIRTH _____ **AGE:** _____
Day Month Year

MAILING ADDRESS: _____

Home Community: _____ House Number & Street Name: _____

Phone: _____ SIN: _____
(Shared only with Funding Agency)

Reason for application: _____

Highest Grade Completed: _____ Number of High School Credits: _____

School Records at: _____ Last Date in School: _____

CONTACT PERSON IN CASE OF EMERGENCY: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

HEALTH PROBLEMS AND/OR ALLERGIES: _____

FAMILY DOCTOR: _____

Health Card #: _____ Expiry Date: _____

Sponsoring Agency: _____ **PHONE NUMBER:** _____

I give permission for the following people/organizations to inquire on my behalf about my attendance and progress:

(Check beside each that apply)

Department of Community Services	Employment & Social Development Canada – Canada Works, Employment Solutions
Canada Revenue Agency	Canada Pension Plan
My Emergency Contact (as outlined above)	Other:

Recommended Grade & Courses: _____

Applicant's Signature: _____

STAFF ONLY:

Diploma: Adult <input type="checkbox"/> Regular <input type="checkbox"/> RG <input type="checkbox"/>	Registration Date:
Receiving EI? Yes <input type="checkbox"/> No <input type="checkbox"/> EI Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Date:
Funding: School Board <input type="checkbox"/> NSSAL (21+) <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/>	Student ID: