



APPLICATION FOR ADMISSION Location:

Program/Course Name: English as an Additional Language
Preferred Time: Days (9am - 12pm) Evenings (6pm - 9pm) Online

PLEASE PRINT CLEARLY

PERSONAL INFORMATION
First Name, Last Name, Preferred Name, Gender, Address, City/Province, Postal Code, Email Address, Cellular Telephone, Home Telephone, Date of Birth, Date of Arrival, 1st Language, Country of Birth, Emergency Contact, Emergency Contact Phone Number

COPY OF GOVERNMENT DOCUMENTATION

Permanent Resident Temporary Work Visa Canadian Citizen Refugee status at entry of Canada UCI/ICU # Other

1. Do you have Special Learning Needs?
2. Do you feel comfortable taking classes online?
3. Do You need support services to Participate in Language Training?
4. Primary Objective for Seeking Language Training at this time?
5. Previous English
6. Previous Education
7. Employment Status
8. How did you hear about us?

(MANDATORY) Waiver: I hereby certify that all the information on this registration is true and complete. Further, I understand that this information is collected under the legal authority of the Regional College Act (1988) and the Local Authority Freedom of Information and Protection of Privacy Act.

Applicant's Signature (MANDATORY) Date

(OPTIONAL) Disability: participation restrictions such as a physical impairment or learning limitation.

(OPTIONAL) Visible Minority: refers to whether a person belongs to a visible minority group. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour".

(OPTIONAL) Permanent Residents / Refugee Status only (Translation available): Consent for Future Research - By signing below, the client is agreeing to allow Citizenship and Immigration Canada (CIC) to contact him/her in the future regarding his/her settlement and language progress.

Applicant's Signature (OPTIONAL) Date