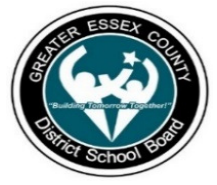




# ALTERNATIVE, ADULT AND CONTINUING EDUCATION

284 Cameron Avenue, Windsor, ON N9B 1Y6 | Ph: (519) 253-5006 - Fx: (519) 253-0053



## COOP Application: Night School | September 2020

<b>TREVLAC INFORMATION</b>	ACTIVE	INACTIVE	NEW	ET	<b>SCHOOL:</b>
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<b>OEN#</b>	<b>TREVLAC#</b>
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Last Name	Address	Apt#
First Name	City	
Date of Birth YYYY / MM / DD	Postal Code	Gender (circle one) <b>M F</b>
Home Phone	Cell Phone	
Email Address		

### EDUCATION INFORMATION

Name/Location of previous School:

Have you ever attended adult education? YES / NO If Yes Where:

Was your education done in another country? YES / NO If Yes Where:

Was your education done in another province? YES / NO If Yes Where:

### CITIZENSHIP INFORMATION

What's your status in Canada? (Check one only)

Canadian Citizen 1       Permanent Res. or Landed Immigrant 3

Student Visa 4       In Canada on the authority of another Visa 5

Refugee Status 7

#### If you were NOT born in Canada, Please Answer Below

Country of birth	Country Entered From	Year/Month of Arrival
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#### If you were born in Canada but NOT in Ontario, Please Answer below

Province of birth	Province Entered From	Year/Month of Arrival
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What is your first language?

### SOURCE DOCUMENTATION - To be verified by staff

Verified by: (Staff Signature)	<input type="checkbox"/> Canadian Citizenship 5	<input type="checkbox"/> Record of Landing 4
	<input type="checkbox"/> Cert. Birth Abroad 3	<input type="checkbox"/> Permit Come/ Remain 7
	<input type="checkbox"/> Indian Status 6	<input type="checkbox"/> Refugee Travel Doc. 9
<input type="checkbox"/> Birth Certificate 1	<input type="checkbox"/> Visa - Student 15	<input type="checkbox"/> Refugee ID 10
<input type="checkbox"/> Passport 8		<input type="checkbox"/> Name Change 13

### MEDICAL INFORMATION

Do you have Medical Issues? (explain)

Emergency Contact Name / Phone #

## GUIDANCE COUNSELLOR PORTION

Documents Provided		Program Req.		Course Codes	
C.C. Summary		1 Credit Coop		Course Code:	
Transcript		2 Credit Coop		Course Code:	

Parent/Student Signature _____	Date _____	Counsellor Signature _____	Date _____
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## PLACEMENT INFORMATION

Name of Placement		Supervisor	
Address		Phone	
City / Prov.		Fax	
Days & hrs. of Work	Approx. Total hrs./week	Paid / Unpaid	

**Is this placement for any of the following?**

<input type="checkbox"/> Summer Jobs for Youth Program (New Beginnings)	<input type="checkbox"/> OYAP
<input type="checkbox"/> Focus on Youth Program (GECDSB/YMCA)	<input type="checkbox"/> Community Kitchen
<input type="checkbox"/> SHSM: Indicate program _____	<input type="checkbox"/> Ontario Public Service Program (OPS)

I do not have a Placement

## COMMUNICATION LOG


## PRINCIPAL RECOMMENDATION

Student Name:	Current School:
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The above named student has my recommendation to enroll in the course \_\_\_\_\_ and the Continuing Education Department, and has the required prerequisite course(s) where needed.

**Please check the all applicable reason(s) below for enrolling this student into Night School.**

- |   |  |
|---|--|
| <input type="checkbox"/> Required for University/College entrance | <input type="checkbox"/> 30th credit                               |
| <input type="checkbox"/> Required for Graduation                  | <input type="checkbox"/> Course not available in school            |
| <input type="checkbox"/> Student has never attempted this course  | <input type="checkbox"/> Timetable conflict within school schedule |

Principal Signature: _____	Date: _____
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