



ADULT AND CONTINUING EDUCATION - LEAMINGTON CAMPUS

215 Talbot St East, Leamington ON N8H 3X5 | Ph: (519) 322-1688 - Fx: (519) 326-9657

Adult Application: Night School Credit Courses | February 2019

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|----------------------------|--------|----------|-----|----|---------|
| TREVLAC INFORMATION | ACTIVE | INACTIVE | NEW | ET | SCHOOL: |
|----------------------------|--------|----------|-----|----|---------|

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|------|----------|
| OEN# | TREVLAC# |
|------|----------|

| | | |
|--|-------------|---|
| Last Name | Address | Apt# |
| First Name | City | |
| Date of Birth <small>YYYY / MM / DD</small> | Postal Code | Gender <small>(circle one)</small> M F |
| 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 |
|------------------|----------------------|-----------------------|

If you were born in Canada but NOT in Ontario, Please Answer below

| | | |
|-------------------|-----------------------|-----------------------|
| Province of birth | Province Entered From | Year/Month of Arrival |
|-------------------|-----------------------|-----------------------|

What is your first language?

SOURCE DOCUMENTATION - To be verified by staff

| | |
|--|--|
| Verified by: (Staff Signature) <input type="checkbox"/> Birth Certificate 1 <input type="checkbox"/> Passport 8 | <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"/> Visa - Student 15 <input type="checkbox"/> Refugee ID 10 <input type="checkbox"/> Visa - Other 16 <input type="checkbox"/> Name Change 13 |
|--|--|

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|---------------------------------------|----------------|
| MEDICAL INFORMATION | Payment |
| Do you have Medical Issues? (explain) | |
| Emergency Contact Name / Phone # | |

