



ALTERNATIVE, ADULT & CONTINUING EDUCATION

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COOP Application: Summer Learning | June 2020

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

EDUCATION INFORMATION

Name of current Secondary School:

Have you ever attended a Public School? If Yes
Where:

Have you ever attended adult education? 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) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<table style="width:100%;"> <tr> <td><input type="checkbox"/> Canadian Citizenship 5</td> <td><input type="checkbox"/> Record of Landing 4</td> </tr> <tr> <td><input type="checkbox"/> Cert. Birth Abroad 3</td> <td><input type="checkbox"/> Permit Come/ Remain 7</td> </tr> <tr> <td><input type="checkbox"/> Indian Status 6</td> <td><input type="checkbox"/> Refugee Travel Doc. 9</td> </tr> <tr> <td><input type="checkbox"/> Visa - Student 15</td> <td><input type="checkbox"/> Refugee ID 10</td> </tr> <tr> <td><input type="checkbox"/> Visa - Other 16</td> <td><input type="checkbox"/> Name Change 13</td> </tr> </table>	<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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<input type="checkbox"/> Birth Certificate 1 <input type="checkbox"/> Passport 8											

MEDICAL INFORMATION

Do you have Medical Issues? (explain)

Emergency Contact Name / Phone #

