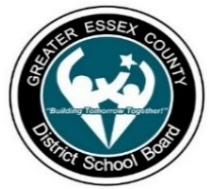




# ALTERNATIVE, ADULT & CONTINUING EDUCATION

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



## Application: Summer Learning Credit Courses | June 2020

<b>TREVLAC INFORMATION</b>	ACTIVE	INACTIVE	NEW	ET	<b>SCHOOL:</b>
----------------------------	--------	----------	-----	----	----------------

<b>OEN#</b>	<b>TREVLAC#</b>
-------------	-----------------

Last Name	Address		
First Name	City		
Date of Birth <small>yyyy / mm / dd</small>	Postal Code	Gender <small>(circle one)</small> <b>M</b> <b>F</b>	
Home Phone	Cell Phone		
Email Address			

### EDUCATION INFORMATION

Name/Location of previous Secondary/Grade School:

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

Was your education done in another country?    If Yes  
Where:

Was your education done in another province?    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 - Please choose which ID you are able to provide

Verified by: <small>(Staff Signature)</small>	<input type="checkbox"/> Canadian Citizenship 5 <input type="checkbox"/> Cert. Birth Abroad 3 <input type="checkbox"/> Indian Status 6 <input type="checkbox"/> Visa - Student 15 <input type="checkbox"/> Visa - Other 16	<input type="checkbox"/> Record of Landing 4 <input type="checkbox"/> Permit Come/ Remain 7 <input type="checkbox"/> Refugee Travel Doc. 9 <input type="checkbox"/> Refugee ID 10 <input type="checkbox"/> Name Change 13
<input type="checkbox"/> Birth Certificate 1 <input type="checkbox"/> Passport 8		

### MEDICAL INFORMATION

Do you have Medical Issues? (explain)

Emergency Contact Name / Phone #

**GUIDANCE COUNSELLOR PORTION**

Full Credit

Choice 1:

Alternate 1:

Alternate 2:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Counsellor Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMUNICATION LOG**