

Date: _____	<b>OFFICE USE ONLY</b>	Enrollment Date: _____
Grade: _____ Pupil#: _____	PEN#: _____	
International? <input type="checkbox"/> Funded <input type="checkbox"/> Non Funded <input type="checkbox"/> Paid \$ _____		
Advisor App: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ SLP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduation requirements: <input type="checkbox"/> ADULT <input type="checkbox"/> 80 CREDIT (2004) <input type="checkbox"/> 80 CREDIT (2018)		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Staff Initial</div>
Educational objective Grade 12 <input type="checkbox"/> YES <input type="checkbox"/> NO		
Registration Documentation: <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Residency x 2 <input type="checkbox"/> Photo ID		
Additional Documentation: <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Official Transcript of Grades		

**PLEASE PRINT CLEARLY & COMPLETE BOTH SIDES. ALL INFORMATION IS REQUIRED.**

**STUDENT INFORMATION** \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ PREFERRED Last Name: \_\_\_\_\_  
 Legal First name: \_\_\_\_\_ PREFERRED First Name: \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred: \_\_\_\_\_  
 Student Email: (Please print CLEARLY) \_\_\_\_\_  
 Previous last name, if it was different when you attended high school: \_\_\_\_\_

**PROPERTY ADDRESS** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CITIZENSHIP** \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Status:  Canadian  Permanent Resident  Refugee  Student Visa  Work Permit  
 If Applicable: Student Visa Expiry Date: \_\_\_\_\_ Work Permit Expiry Date: \_\_\_\_\_  
 Home Language: \_\_\_\_\_ Language Most Used: \_\_\_\_\_

**ABORIGINAL ANCESTRY** \_\_\_\_\_

YES  NO If yes:  Inuit  Metis  First Nations  
 If First Nations:  Non-Status  Status- Off Reserve  Status- On Reserve  
 If known, what is your Band of Origin? \_\_\_\_\_

**CURRENT OR PREVIOUS SCHOOL/DISTRICT** \_\_\_\_\_

District: \_\_\_\_\_ School Name: \_\_\_\_\_

Province/Country: \_\_\_\_\_ School Language: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_ High School Graduate?  Yes  No

Highest Level of Education Achieved: \_\_\_\_\_

Have you previously completed a course with the Pearson Adult Learning Centre?  Yes  No

Student Number: \_\_\_\_\_

Requested Courses: \_\_\_\_\_

**EMERGENCY CONTACTS** \_\_\_\_\_

<p><b>Contact #1</b></p> <p>Relationship: _____</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Home Phone: _____ Cell: _____</p> <p>Work phone: _____</p> <p>Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If _____ no, _____ language: _____</p>	<p><b>Contact #2</b></p> <p>Relationship: _____</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Home Phone: _____ Cell: _____</p> <p>Work phone: _____</p> <p>Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If _____ no, _____ language: _____</p>
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Are there any medical issues, medications, or allergies you would like us to be aware of?  Yes  No If yes, please specify below.

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION** \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting, demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.*

<b>OFFICE USE ONLY</b>	
<p><b>COURSES ASSIGNED</b></p> <p style="text-align: right;"><b>ENTERED IN MYED</b> ✓</p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	<p><b>NOTES:</b></p>