ALGONQUIN COLLEGE

Career and College Preparation - Ontario Basic Skills
Registration Form

☐ New Student ☐ Return Student If you are a returning student, when did you leave? _____.

Personal Information

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Male ☐ Female Student # _____

_____\ _____ \ _____
Last Name First Name Middle Initial

_____ _____
Address Apt. #

_____ _____ _____
City/Town Province Postal Code

_____ _____ _____
Home Telephone Number Work Telephone Number Extension

Date of Birth _____ \ _____ \ _____ Social Insurance Number: _____
Year M D

Age group: ☐ 18 or under ☐ 19 to 24 ☐ 24 to 44 ☐ 45 to 64 ☐ 65+

Student Information:

Status in Canada: ☐ Canadian Citizen ☐ Landed Immigrant ☐ Convention Refugee
☐ Refugee Claimant ☐ International Student ☐ Other_____

Educational Experience: Please indicate your LAST formal education level/grade:

☐ Grades 8 - 11 ☐ ☐ Grade 12 started ☐ Grade 12 Graduated ☐ College ☐ University

☐ Other courses /training?_____
Year completed: _____ Where:_____

Special Needs Information:

Do you have any Special Needs? ☐ Yes ☐ No

Have you registered, or will you be registering with the Centre for Students with Disabilities? ☐ Yes ☐ No

Have you ever been tested for learning disabilities? ☐ Yes ☐ No

How did you find out about this program? _____

The information on this form is collected in order for the Ministry of Training, Colleges and Universities to administer the Literacy and Basic Skills (LBS) Program. The information is collected under the authority of Ministry of Education Act, R.S.O. 1990, cE.2. If you have any questions about the collection or use of this form, contact the Director, Freedom of Information and Privacy Unit, Ministry of Training, Colleges and Universities, 3rd Floor, Mowat Block, 900 Bay Street, Toronto, ON M7A 1L2, telephone (416) 325-0070.

FOR OFFICE USE ONLY:

Registered by: _____ **Date:** _____

Start Date: _____ **or** **D.N.Q.** ☐