



ADULT STUDENT APPLICATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

Birthdate (M/D/Y): _____

Last School Attended: _____

School Address: _____

Date Last Attended School: _____

Application is hereby made to attend _____ School, commencing
_____, 20 _____, registered in the following course(s):

Attach the following to this application:

1. Statement outlining reason for Adult Student Application
2. Criminal Record Check
3. Copy of Official School Transcripts

If granted permission, I agree to abide by all school rules and regulations.

I certify all information provided in relation to this application to be correct.

Signature

Date (M/D/Y)