

ADULT BASIC EDUCATION

2019-20 Application for Admission

COMPLETE IN INK – PLEASE PRINT CLEARLY

Complete all pages of the application sign and date prior to submitting.

PERSONAL INFORMATION

Name: _____
Surname (Last name) First Name Middle Name

_____ _____ _____
Maiden or Previous Name(s) Gender: M F Date of Birth: ___/___/___
 dd mm yy

Address: _____
(Street, PO Box #) (City) (Province) (Postal Code)

_____ _____ _____
(Home Phone Number) (Cell Phone Number) (E-mail)

Are you a First Nation member? **No** **Yes**

If yes, to which First Nation do you belong? _____

EDUCATION INFORMATION

Is English your first language? Yes No (If No, proof of English proficiency is required.)

1) K-12 Schooling

a) Name & location of the last K-12 school you attended: _____

b) Last year you attended K-12 school: _____

c) What grade have you successfully completed? _____

2) Adult Basic Education (ABE)

a) Have you previously attended Adult Basic Education (ABE)? No Yes

If yes: i) Location of former ABE program _____

 ii) Last year attended _____

 iii) Level/Subjects completed _____

1) **Education Goal/Information** – What is your education and/or career goal?

2) **Letter (New Students)**

Please write a letter on the back of this form explaining why you want to return to school at this stage of your life. (Note: It is important that this letter is in your own words and handwriting.)

OFFICE USE ONLY

Location: _____

Level: 1/2 3 or 4

Status: P/T or F/T

This document is confidential

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The reason(s) I want to return to school at this stage of my life

A new anti-spam law came into effect July 1, 2014 in Canada, we now need your consent to contact you:

I hereby consent to Southeast College sending me program related information, notifications, invitations and etc. via e-mail, text or other electronic means. I understand that I can change my preferences and unsubscribe from receiving such materials at any time.

The information on this form is collected under the legal authority of the Regional Colleges Act 1988 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Southeast College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information please contact the Registrar, Southeast College.

I hereby certify that all the information on this form is true and complete. I understand that false information may result in the cancellation of my status as a registered student. If admitted I agree to abide by the rules and regulations of the institute, including the payment of fees.

I give Southeast College permission to release information about my performance in this program to the following agency that provides me with funding _____

Date

Signature