ADULT LEARNING APPLICATION FOR 18+ STUDENTS WHO ARE NEW TO THE DSBN



Before completing this form, please review all program information at Home (dsbn.org) including the "Application Tips."

If you are **NOT** a Canadian citizen or permanent resident:

- Please contact the DSBN Welcome Centre at welcomecentre@dsbn.org or (905) 641-2929 extension 54152.
- Once you have the verification letters from the Welcome Centre, you may then complete this application.

If you <u>ARE</u> a Canadian citizen or permanent resident, please complete this form and submit it to ace@dsbn.org.

| Section A – Current Adult Learning Option(s) Check program(s) you are interested in | | | | |
|--|--|--|--|--|
| PLAR – click here for Mature Prior Learning Assessment & Recognition (mPLAR) information | | | | |
| EdVance (18-21 y.o.) click here for more EdVance information | | | | |
| Adult eLearning (Night School) – click here for Adult Night School information | | | | |
| Other: | | | | |

Section B

| - Student Information Please check all that apply: |
|---|
| I DO NOT have my Ontario Secondary School Diploma and would like to explore options. |
| I HAVE my Ontario Secondary School Diploma |
| I am new to Canada. I completed secondary school in my home country. |
| I am new to Canda and am interested in exploring adult learning options. |
| I am currently registered in the DSBN Personal Support Worker (PSW) class. My transcript should be on file. Please add a copy to my application. |
| I was registered in the DSBN Personal Support Worker (PSW) class in the past 5 years. My transcript should be on file. Please add a copy to my application. |

OEN: I do not have an OEN I cannot locate my OEN

Hint – if you are not sure where to find your OEN, please check the "Application Tips" document at Home (dsbn.org)

| Legal Last N | ame | | Legal First Name | | |
|---|----------------------------|----------------|-------------------------------|--|--|
| Was this you | ır name at birth? | Yes | No | | |
| If no, please | indicate name at birth: | | | | |
| Date of Birth | : (Month/ Day/ Year) | | | | |
| Gender: | Female | Male | Prefer not to disclose | | |
| | Prefer to specify | | | | |
| First language if not English: | | | | | |
| Language sp | ooken at home: | | | | |
| Address: City/Town: | | | | | |
| Postal Code | Postal Code: Phone number: | | | | |
| Email addre | Email address: | | | | |
| | | | | | |
| | | | | | |
| Section C – Citizenship/Status in Canada Information: | | | | | |
| Country of C | Citizenship | | Country of Birth | | |
| Province of E | Birth (if born in Canada) | | | | |
| Date of entry into Canada (If applicable): (MM/DD/YY) | | | | | |
| Status in Ca | nada: | | | | |
| | Canadian citizen born in C | Canada | | | |
| | Canadian citizen born in a | nother country | / | | |
| | Canadian permanent resi | dent | | | |
| | Born in another country, n | ot a Canadian | citizen or permanent resident | | |

<u>Proof of Citizenship</u> – scans or copies of documents must be attached when emailing this completed application form.

"I am a Canadian citizen born in Canada." Please check which document(s) you have attached:

Birth certificate

Canadian passport details page

"I am a Canadian citizen born in another country." Please attach as many of these documents as you have:

Birth certificate

Passport details page

Passport page that shows date of entry to Canada

Level 6 assessment results. See "Application Tips" for support.

"I am a Canadian permanent resident." Please check that you have attach ALL documents:

Front and back of permanent resident card, AND;

Passport including stamp of date of entry to Canada; AND;

Level 6 assessment results. See "Application Tips" for support.

"I am born in another country and am NOT a Canadian Citizen and NOT a permanent resident." Please attach ALL of the following documents:

DSBN Welcome Centre verification of documentation for school registration form, AND;

DSBN Welcome Centre Letter of Confirmation, AND;

DSBN Letter indicates that I need a study permit and I have attached the study permit or mail tracking receipt.

Level 6 assessment results

Hint -- see "Application Tips" page Home (dsbn.org)

Section D - Supporting Documents/Information:

Please ATTACH all required documents for 1 and 2 to this application

| 1) | Proof of Niagara Residency - Please check <i>and attach</i> which of these you are providing. Please only attach the portion that shows your name and address <i>and remove any other personal billing details</i> . If you do not have a bill with your name, see <i>Application Tips</i> . (Note – Ontario driver's licence or health card are not acceptable) |
|----|---|
| | Current utility bill |
| | Property tax bill |
| | Rental agreement |
| | Other: |

Note:

- Transcript uploads to OUAC (Ontario University Application Centre) and OCAS (Ontario College Application Centre) are not official and cannot be included with your application.
- We cannot request transcripts for you. You must request them from the DSBN by using this link: https://www.dsbn.org/records/.

Please check all that apply:

| Official Ontario transcript |
|---|
| Official out-of-province transcript |
| International transcript |
| College or University Transcript(s) |
| Education documents from my home country |
| WES/ICAS International credential assessment |
| I do not have a transcript nor any education documents. |
| Other: |

Section E - Adult eLearning (Night School)

- If you are interested in adult eLearning (Night School) please complete all requested information.
- Please be sure to review summer school information, course list, reminders, & next steps at Home (dsbn.org)
- Note The number of courses you select will be reviewed on an individual basis. Items in the
 "Reminders" section of the website will also be considered. You will receive feedback on your
 request.

| ly 1 st course code choice: |
|--|
| Лу 2 nd course code choice: |
| Ny 3 rd course code choice: |
| DR Comments of the Comments of |
| For COOP, students \underline{MUST} have a job with an employer in the Niagara Region: |
| Name of Employer: |
| Address of Employer: |
| Approximate # or hours / week: |
| Name of Supervisor: |
| Contact information for Supervisor: |
| |
| |
| |

Before you submit your application...

- ...did you save it?
- ...did you attach all required supporting documents?
- ...please remember that you cannot be enrolled in another school, board or provider (i.e. ILC or TVO) at the same time as taking a course(s) with DSBN

**SEND COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS *IN ONE EMAIL* TO: ace@dsbn.org