

# Adult High School Student Registration Form

Registration Date:
Start Date:
Student ID:

Diploma:    Adult <input type="checkbox"/> Regular <input type="checkbox"/> RG <input type="checkbox"/>
Receiving EI? Yes <input type="checkbox"/> No <input type="checkbox"/>
EI Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supported? DCS <input type="checkbox"/>
Other: <input type="checkbox"/> Name:
Funding:
School Board <input type="checkbox"/>
NSSAL (21+) <input type="checkbox"/>
Self <input type="checkbox"/>
Other <input type="checkbox"/>

## **STUDENT TO COMPLETE:**

STUDENT'S FULL NAME \_\_\_\_\_  
Last Name    First Name (underline name used)    Middle Name(s)

DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_  
Day Month Year

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

Home Community: \_\_\_\_\_ House Number & Street Name: \_\_\_\_\_

PHONE : \_\_\_\_\_

Reason for application: \_\_\_\_\_  
 \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Number of High School Credits: \_\_\_\_\_

School Records at: \_\_\_\_\_

Last Date in School: \_\_\_\_\_

CONTACT PERSON IN CASE OF EMERGENCY: \_\_\_\_\_

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

HEALTH PROBLEMS AND/OR ALLERGIES: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Recommended Grade & Courses: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 (Applicant's Signature)

Application and Administration Fee: (\$25.00) <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid <b><i>No fees are payable if student is under 21 years of age</i></b>
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