

Adult Basic Education APPLICATION FORM

Note: If a "required" question does not apply to you - please enter in "N/A" for Not Applicable.

1.	Program:	Adult 10	Adult 12	Upgrading	Campus	Location:	
2.	Student Name:						
	(First)			(Middle		(Last)	
3.	Previous Last N	Name(s):				_	
4.	MAILING Addr	ess:					
5.	City/Town:		Postal (Code:			
6.	Telephone:		Cell: _				
7.	Email:						
8.	Date of Birth:			_			
9.	Are you Under 22 years of age, as of the end of September (this current year):						No
	If Under 22 you must provide us with your Physical Address (NOT your mailing address)						
	Physical Address:						
10.	Name, address and telephone number of contact person (other than yourself) who could be						
	contacted:						
11.	Do you have a	: Social Ins	Social Insurance #		No		
		Sask. Hea	alth Card #	Yes	No		
		Drivers Li	cense	Yes	No		
12.	Have you ever attended Parkland College?			e? Yes	No	If yes, what year:	
13.	Last school atte	ended:					
14.	Highest Grade Completed:						
15.	Transcript is:	Encl	osed	Forthcoming	9		
16.	Are you working, either full or part-time? Yes				No		
	Where?						
Stud	dent Signature		Date				