



Chignecto Central Adult High School
Chignecto-Central Regional School Board

OFFICE USE ONLY

Date submitted:
CAAT:
Interview:
Conclusion:
ID:

Application Form

Amherst: 661-2482 (tel) 661-2480 (fax) Elmsdale: 883-4105 (tel) 883-5381 (fax) New Glasgow: 755-8139 (tel) 752-6827 (fax) Truro: 896-5580 (tel) 896-5581 (fax)

Personal Information

Legal Last Name: _____ First Name _____
Middle Name _____ Preferred Name: _____
Address: _____ Postal Code _____
Date of Birth: (Month) _____ (Day) _____ (Year) _____ Age: _____
Contact: (Telephone) _____ e-mail: _____
Contact in case of emergency: (Name) _____ (Phone) _____
Optional: Aboriginal Person of Canada Visible Minority _____ Disability _____

Education

Have you attended school at any time during the past year? Yes No
Last school attended: _____ Last year attended: _____
Last grade attended: _____ Yes No
Can you provide a transcript of marks from your last school attended? Yes No
Do you have any diagnosed learning disabilities? No Yes (identify) _____

Employment/Financial

Are you currently employed? Yes, full-time Yes, part-time No
Please indicate (if applicable) from which of the following you are receiving financial assistance, or career counseling to assist you with pursuing your education:
 Dept. of Community Services _____ Workman's Comp
 Career Resource Centre Other _____
Are you planning to apply for funding? Yes No

Where did you first learn about the Adult High School? Career Resource Centre A friend
 Adult High School student _____ Radio/TV Dept. of Community Services
 Chignecto School Board Employee Services Canada Other _____