



Nanda-Gikendan

"Seeking to Learn"

Sagkeeng Education Authority
Adult Education Registration Form

General Information*

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS:	
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HOME ADDRESS:	
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Contact Information*

HOME PHONE

CELL PHONE

EMAIL ADDRESS

Emergency Contact*

NAME

RELATION TO STUDENT

PHONE NUMBER

Learner Profile*

Date of Birth (YYYY-MM-DD)	
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Gender:

Female

Male

Other

Check all the things that describe you:

I am a single parent of child(ren) under the age of six

Yes No

I am getting Income Assistance Insurance (IA)

Yes No

English is an additional language for me

Yes No

If yes, what other languages can you speak?

Employment Status* Check one only

- I am working full-time I am working part-time
- I am **not** working right now and I am looking for work
- I am **not** working right now and I am **not** looking for work
- I am getting Employment Insurance (EI)

Education Background*

The last time I attended school was:

- One to five years ago
- Between six and 10 years ago
- Between 11 and 20 years ago
- More than 20 years ago

Learner Goals*

- to help me at home/community
- to help with independent study option courses
- to get a better job or promotion
- to help with the Mature Student High School Diploma
- to get into an adult learning centre
- to help me with a GED certificate
- to get into a training program
- to gain employment
- to get into a post secondary education

Other – please describe:

Health information*

Please describe any health conditions you have that could affect your learning (ex: allergies, seizures, diabetes and/or physical disability).

Completed by:

(Print your name)

(Signature)

Date:

*Please drop off application at the Sagkeeng Education Authority Administration Office located upstairs at the Sagkeeng Arena or email to edadmin@sagkeeng.ca

Thank you/Meegwetch