

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



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

- Please contact the DSBN Welcome Centre at [welcomecentre@dsbn.org](mailto: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 ARE a Canadian citizen or permanent resident***, please complete this form and submit it to [ACE@dsbn.org](mailto:ACE@dsbn.org).

ALSO, before completing this form please review all program information at [www.lifetimelearning.ca](http://www.lifetimelearning.ca) including the “Application Tips” document.

---

**Section A – Current Adult Learning Option(s)** -- Check program(s) you are interested in

- ☐ PLAR – [click here for more PLAR 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 one:

- ☐ I DO NOT have my Ontario Secondary School Diploma and am interested in exploring 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.

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 found at [www.lifetimelearning.ca](http://www.lifetimelearning.ca)

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Was this your 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 spoken at home: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

---

## **Section C – Citizenship/Status in Canada Information:**

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Province of Birth (if born in Canada) \_\_\_\_\_

Date of entry into Canada (If applicable): \_\_\_\_\_ (MM/DD/YY)

Status in Canada:

- ☐ Canadian citizen born in Canada
- ☐ Canadian citizen born in another country
- ☐ Canadian permanent resident
- ☐ Born in another country, not a Canadian citizen or permanent resident

**Proof of Citizenship** – 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

***“I am a Canadian permanent resident.”*** Please check that you have attached BOTH of these documents:

- ☐ Front and back of permanent resident card, **AND:**
- ☐ Passport including stamp of date of entry to Canada

***“I am born in another country and am NOT a Canadian Citizen and NOT a permanent resident.”***  
Please check which document(s) you have attached:

- ☐ DSBN Welcome Centre verification of documentation for school registration form **and**  
DSBN Welcome Centre Letter of Confirmation
- ☐ 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 at [www.lifetimelearning.ca](http://www.lifetimelearning.ca) for more information.)***

## **Section D - Supporting Documents/Information:**

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

*(Hint -- see "Application Tips" page at [www.lifetimelearning.ca](http://www.lifetimelearning.ca) for more information.)*

**1) Proof of Niagara Residency** - Please check and attach which of these you are providing:

☐ Current utility bill

☐ Property tax bill

☐ Rental agreement

☐ Other: \_\_\_\_\_

**(Note – Ontario driver's licence or health card are not acceptable)**

**2) Transcripts or Education Documents** - Please check and attach 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 course list, reminders, and next steps at [Home \(dsbn.org\)](http://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.

My 1<sup>st</sup> course: \_\_\_\_\_

My 2<sup>nd</sup> course: \_\_\_\_\_

My 3<sup>rd</sup> course: \_\_\_\_\_

My alternate course choice: \_\_\_\_\_

**OR**

For COOP (must have a job):

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Approximate # or hours / week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Contact information for Supervisor: \_\_\_\_\_

**\*\*SEND COMPLETED APPLICATION TO ACE@dsbn.org**

Personal information on this form is collected, used and disclosed in accordance with the *Education Act*, R.S.O. 1990, c.E.2, as amended and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, as amended and will be used for the purpose of registration, program planning and any similar or related purpose(s). Questions about this collection, use and disclosure should be directed to the Freedom of Information Coordinator, District School Board of Niagara, 191 Carleton Street, St. Catharines, ON L2R 7P4 905-641-1550.