

## **ADULT LEARNING APPLICATION FOR:**



- **18+ students who previously attended a DSBN secondary school**
- **18+ students who previously attended a DSBN adult learning program**
- 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](#)
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### **Section B -Student Information**

Please check one:

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

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 \_\_\_\_\_

OEN: \_\_\_\_\_ I don't have an OEN I can't 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)

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

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

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

Citizenship information is not required for former DSBN students, **but please update any citizenship status changes here so we can update our records.**

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## **Section C - 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 license or health card are not acceptable)**

**2) Transcripts or Education Documents** - Please check and attach all that apply.

I attended a DSBN Secondary School **in the past 5 years**. My transcript should be on file.  
Please add a copy to my application.

☐ I attended a DSBN Adult education program (EdVance, adult eLearning (night school), PSW, summer eLearning) **any time in the past 5 years**. My transcript should be on file.  
Please add a copy to my application.

I attended DSBN Secondary School **more than 5 years ago**. I attached a copy of my transcript. Click here if you need to order a transcript: [Ordering a Transcript](#)

I attended a school outside of the DSBN and have attached my transcript(s) from these schools. (e.g., a different school board, college, university, other virtual school)

☐ 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://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.

**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](mailto: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.