

Personal Support Worker Student Application Information Form

Please print neatly. Form must be legible.

Office use only

Program: _____

ID shown: _____

OSSD / credit: _____

Student Information:

Date of Birth (Year/Month/Day): _____ / _____ / _____ Gender: Male Female Prefer not to disclose

Legal Surname: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Address: _____ Unit Type: Apt #: _____ or Unit #: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

Status in Canada (please check one of the following):

Born in Canada / Canadian Citizen - Province of birth: _____

Born outside of Canada – If accepted into the PSW Program, all students born outside of Canada must contact the DSBN Welcome Centre for a Letter of Permission and Verification Form:

905-641-1550 ext. 54152 | welcomecentre@dsbn.org

Canadian Citizen

Permanent Resident

Landed Immigrant

Refugee

Work Permit

Country of birth: _____ Date arrived in Canada: _____

Emergency Contact: please provide at least 1 contact.

	Contact 1	Contact 2
Name:	_____	_____
Phone:	_____	_____
Relationship to Student:	_____	_____

Signature of Student

Date

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990 c.E.2, as amended, and will be used for the Ontario Student Record and for administrative purposes. Questions about collection may be directed to the Director of Education, District School Board of Niagara, 191 Carlton Street, ON, L2R 7P4: 905-641-1550.



Personal Support Worker Program
Lifetime Learning Centre
535 Lake Street, St. Catharines, ON

905-687-7000
ACE@dsbn.org

