



## **ADULT LEARNING APPLICATION FOR:**

- **18+ students who previously attended a DSBN secondary school and *not* currently attached to a DSBN school, *nor* any other school, board or provider.**
- **18+ students who previously attended a DSBN adult learning program**
- Before completing this form, please review all program information at <https://www.dsbn.org/programs-services/adult-and-community-education/home> 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) -- [Night School | Lifetime Learning | District School Board of Niagara \(dsbn.org\)](#)

Other (please specify): \_\_\_\_\_

### **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 (Ontario Education Number): \_\_\_\_\_

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 here: [Home \(dsbn.org\)](#).

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

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

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

**Please update any citizenship status changes here so we can update our records:**

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

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

*(Hint -- see "Application Tips" for more information found here: [Home \(dsbn.org\)](http://Home(dsbn.org)).)*

- 1) **Proof of Niagara Residency** - Please check **and attach** which of these you are providing. Please only attach the portion that shows your name and address **and remove any other personal billing details**. If you do not have a bill with your name, see *Application Tips*.  
*(Note – Ontario driver's licence or health card are **not** acceptable)*

Current utility bill

Property tax bill

Rental agreement

Other: \_\_\_\_\_

- 2) **Transcripts or Education Documents** - Please check and attach all that apply. **(Note – OUAC/OCAS transcript uploads are not official and cannot be included on this application**

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 DSBN online summer school this past July.

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 am **currently** a registered student in a **DSBN** Personal Support Worker (PSW) class. My transcript should be on file. Please add a copy to my application.

I was a registered student in a **DSBN** Personal Support Worker (PSW) program **in the past 5 years**. My transcripts 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 D – Adult eLearning (Night School)**

**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 code choice: \_\_\_\_\_

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

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

### **OR**

For COOP, students must have a job with an employer in the Niagara Region:

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

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

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

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

Contact information for Supervisor:

### ***Before you submit your application...***

- ***...did you save it?***
- ***...did you attach all required supporting documents?***
- ***...please remember that you cannot be enrolled in another school, board or provider (i.e. ILC or TVO) at the same time as taking a course(s) with DSBN***

**\*\*SEND COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS IN ONE EMAIL 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.