

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



Before completing this form, please review all program information at [Home \(dsbn.org\)](http://Home(dsbm.org)) including the “*Application Tips.*”

If you are NOT a Canadian citizen or permanent resident:

- Please contact the DSBN Welcome Centre at 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.

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

PLAR – click [here for Mature Prior Learning Assessment & Recognition \(mPLAR\)](#) 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 all that apply*:

I DO NOT have my Ontario Secondary School Diploma and would like to explore 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 Canada and am interested in exploring adult learning options.

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

I was registered in the DSBN Personal Support Worker (PSW) class in the past 5 years. My transcript should be on file. Please add a copy to my application.

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 at [Home \(dsbn.org\)](http://Home(dsbm.org))

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: _____ City/Town: _____

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

Level 6 assessment results. See “Application Tips” for support.

“I am a Canadian permanent resident.” Please check that you have attach ALL documents:

Front and back of permanent resident card, ***AND;***

Passport including stamp of date of entry to Canada; ***AND;***

Level 6 assessment results. See “Application Tips” for support.

“I am born in another country and am NOT a Canadian Citizen and NOT a permanent resident.”

Please attach **ALL** of the following documents:

DSBN Welcome Centre verification of documentation for school registration form, ***AND;***

DSBN Welcome Centre Letter of Confirmation, ***AND;***

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 [*Home \(dsbn.org\)*](http://Home(dsbn.org))

Section D - Supporting Documents/Information:

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

- 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**

Note:

- Transcript uploads to OUAC (Ontario University Application Centre) and OCAS (Ontario College Application Centre) are not official and cannot be included with your application.
- **We cannot** request transcripts for you. You must request them from the DSBN by using this link: <https://www.dsbn.org/records/>.

Please check 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 summer school information, course list, reminders, & 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 1st course code choice: _____

My 2nd course code choice: _____

My 3rd 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**

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.