

Student Application Form

Applicant Information

Full Name: _____
Last Name First Name Middle Name

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ E-mail Address: _____

SIN #: _____ Home Community: _____ Birthdate: (D/M/Y) _____

Are you a returning graduate? YES NO Sex: Male Female

Highest Grade completed: _____ School Records can be found at: _____

Number of High School credits? _____

Education

Recommended Courses: _____

Start Date: (D/M/Y) _____ End Date: (D/M/Y) _____

Emergency Contact Information

Please list a contact person in case of emergency.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Health Problems or Allergies: _____

Motivation

In a brief paragraph, describe why you have decided to return to school.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the program at BAHS, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: (D/M/Y) _____

By signing the front of this application form, I give permission for the following people/organizations to inquire on my behalf about my attendance and progress:

- Department of Community Services
- Employment and Social Development Canada
- Canada Revenue Agency
- Canada Pension Plan
- My Emergency Contact (as outlined on the reverse side)
- Other: _____

I understand that if I am a returning graduate over the age of 21, there will be a tuition and/or administration fee required before receiving any credit upgrades.

_____ (please initial)

Diploma: Adult <input type="checkbox"/> Regular <input type="checkbox"/> RG <input type="checkbox"/>
Receiving EI? Yes <input type="checkbox"/> No <input type="checkbox"/>
EI Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supported? DCS <input type="checkbox"/> Other: <input type="checkbox"/>
Funding: School Board <input type="checkbox"/> NSSAL <input type="checkbox"/>
Self <input type="checkbox"/> Other <input type="checkbox"/>

How to Find Us

Bridgewater
ADULT HIGH

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