

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

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

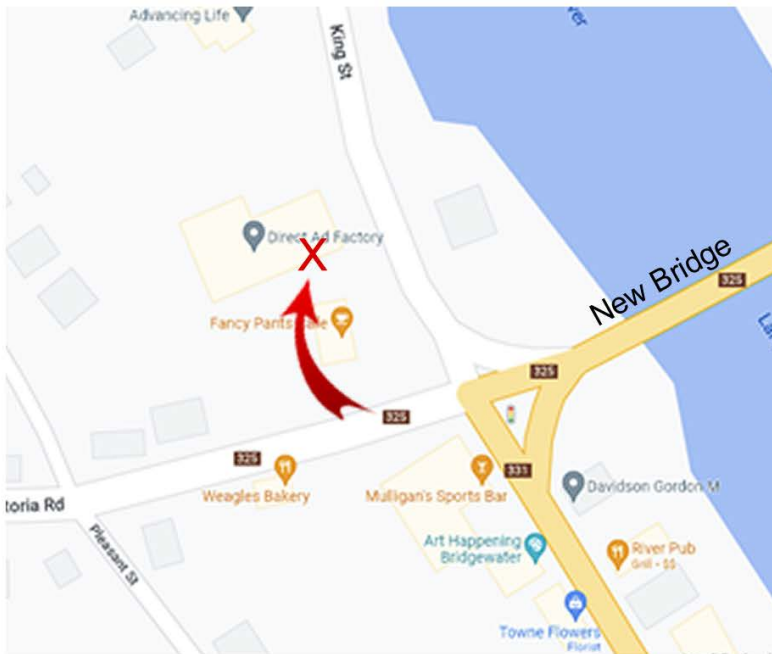
I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the program at BAHS, I understand that false or misleading information in my application or interview may result in my release.

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: _____

How To Find Us



Bridgewater ADULT HIGH

821 King Street,
Unit 2, Bridgewater,
Nova Scotia, B4V1B7



South Shore
Regional Centre for Education



Nova Scotia School
for **Adult Learning**
Success starts here!