PARKLAND COLLEGE

Revised June 2013

ADULT BASIC EDUCATION APPLICATION FORM

1. Program: ☐ Adult 10 ☐ G.E.D ☐ Adult 12 Location: _____

2. Student Name*: (First)* _____ *(Last)* _____

3. Previous Last Name(s): _____

4. Date of Birth: _____
   (Month) (Day) (Year)

5. Mailing Address: _____

6. City/Town: _____ Postal Code: _____

7. Telephone: _____ Cell: _____

8. Phone Messages: _____

9. Name, address and telephone number of contact person (someone who could be contacted in case of emergency):

   _____

   _____

10. Do you have a: Social Insurance # ☐ Yes ☐ No
    Sask. Health Card # ☐ Yes ☐ No

11. Have you ever attended Parkland College? ☐ Yes ☐ No
    What year: _____

12. Last school attended: _____

13. Highest Grade Completed: _____

14. Transcript is: ☐ Enclosed ☐ Forthcoming

15. Are you working, either full or part-time? ☐ Yes ☐ No

    Where? _____

_____ _____

Student Signature **Date**

For Office Use Only:

COUNSELLOR NOTES

STUDENT NAME: _____

PROGRAM: _____

DATE	NOTES