



ESL & HIGH SCHOOL BRIDGING APPLICATION FORM

(for persons already in Canada)

FAMILY NAME		FIRST NAMES	
ADDRESS		CITY	POSTAL CODE
SOCIAL INSURANCE NUMBER		TELEPHONE NUMBER	
WHAT IS YOUR STATUS IN CANADA?			
<input type="checkbox"/> LANDED IMMIGRANT	<input type="checkbox"/> STUDENT / VISITOR	<input type="checkbox"/> CANADIAN CITIZEN	<input type="checkbox"/> OTHER _____
COUNTRY OF BIRTH	MOTHER TONGUE	DATE OF ARRIVAL IN CANADA (LANDING DATE)	IMMIGRATION CATEGORY
HOW MANY YEARS DID YOU ATTEND SCHOOL OUTSIDE CANADA? _____			
NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____ _____			
LAST GRADE COMPLETED: _____ GRADE TO BE ENROLLED IN CANADA: _____			
WHAT LANGUAGE(S) DO YOU SPEAK? _____			
WHAT LANGUAGE(S) DO YOU READ? _____			
WHAT LANGUAGE(S) DO YOU WRITE? _____			
WHAT TIME OF DAY DO YOU WISH TO ATTEND CLASSES?			
<input type="checkbox"/> FULL DAY (FULL-TIME)	<input type="checkbox"/> MORNING (PART-TIME)	<input type="checkbox"/> AFTERNOON (PART-TIME)	<input type="checkbox"/> EVENING (PART-TIME)
DO YOU NEED CHILD-MINDING TO ATTEND CLASS?		IF YES, HOW MANY CHILDREN?	AGES OF CHILDREN
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
WHO CAN WE CONTACT TO LEAVE A MESSAGE FOR YOU IN English?			
NAME:		TELEPHONE NUMBER:	
DATE	SIGNATURE OF APPLICANT		

Personal information provided IN THIS APPLICATION MAY BE USED for service monitoring and evaluation, and for research purposes. Completion and submission of this application form implies consent for the College to use your personal information for such purposes.

OFFICE USE ONLY - LANGUAGE ASSESSMENT RESULTS			
LISTENING/SPEAKING	<input type="checkbox"/>	READING	<input type="checkbox"/>
WRITING	<input type="checkbox"/>	NUMERACY	<input type="checkbox"/>
ESL/ELSA LEVEL	<input type="checkbox"/>		<input type="checkbox"/>
ASSESSMENT DATE		ASSESSMENT OFFICER	
SCHOOL REFERRAL		SHIFT	
APPOINTMENT			
1. DATE:		TIME:	
2. DATE:		TIME:	

Comments: _____
