

Please read carefully and complete all sections. **Print clearly in ink.**
 *Indicates required field.

Program

Program Name*	Program Code
Adult Basic Education (ABE)	_____ - _____
Program Location	
Academic Start Month and Year	

Complete Legal Name

First Name*	Last Name*
Middle Name(s)	Former Name(s)

Permanent Address

P.O. Box # or Street Mailing Address*		
Town/City*	Prov.*	Postal Code*
Primary Phone Number (xxx-xxx-xxxx)*		
Alternate Phone Number (xxx-xxx-xxxx)		
Email Address*		

Alternate Contact Information

This person will be contacted if we cannot reach you by way of your other contact information.

Contact Name
Contact Relationship
Contact Primary Phone Number (xxx-xxx-xxxx)
Contact Alternate Phone Number (xxx-xxx-xxxx)

Personal Information

Your personal information is required for identification and statistical purposes.

Gender*	Birthdate (yyyy-mm-dd)*
Social Insurance Number	Sask. Health Services Number

Citizenship & Residency

What is your citizenship status?* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant or Permanent Resident <input type="checkbox"/> Other
Are you a Saskatchewan Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No

English Proficiency

Proof of English Proficiency is required for all applicants whose primary language is not English. If English is not your first language, you must submit your English Proficiency Documents to your nearest Carlton Trail College office.

Is English your first language?* <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education

If you have received your high school education in Saskatchewan, Carlton Trail College will access your transcripts from the Ministry of Education.

If you have received your high school education in another province or country, you must provide an official transcript from the institution.

	Name of School or Institution and Location	Highest Grade or Level Achieved	Last Attended (Month/Year) or Presently Attending
High School Education*			
Other			

Disability & Learning Difficulties

Completing this section may allow you to access reasonable accommodations to assist you with your studies.

Do you consider yourself a person with a disability? (This includes physical, intellectual, mental, psychiatric, sensory or learning conditions.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Considering your previous educational experience, do you think you have any learning difficulties that may require you to have additional assistance for you to be successful with your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

Aboriginal/Visible Minority Status

Completing this section is voluntary and is used for statistical and/or funding purposes.

Are you of Aboriginal ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
If yes, please indicate your status: <input type="checkbox"/> First Nation (Treaty/Status Indian) <input type="checkbox"/> First Nation (Non-Status Indian) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
What is your Band affiliation?
Are you a visible minority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

Program & Course Awareness

How did you become aware of this program or course?

<input type="checkbox"/> Program Guide or Flyer	<input type="checkbox"/> Career Fair or Tradeshow	<input type="checkbox"/> College Staff
<input type="checkbox"/> Website	<input type="checkbox"/> School Presentation	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Email	<input type="checkbox"/> Other
<input type="checkbox"/> Radio or TV	<input type="checkbox"/> Letter or Postcard	<input type="checkbox"/> Don't Remember
<input type="checkbox"/> Social Media		

Would you like to receive promotional information about Carlton Trail College's programs and events via email?

Yes No

Authorization and Consents

The information on this form is collected under the legal authority of the Regional Colleges Act 1998 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Carlton Trail College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information, please contact the Carlton Trail College Privacy Officer at 1.800.667.2623.

Carlton Trail College reserves the right to revise or cancel program and courses, revise policies and procedures and alter tuition, fees and other charges as deemed necessary without notice.

By submitting this form, I hereby acknowledge, authorize and consent to the following:

I grant permission for authorized personnel of Carlton Trail College to access my academic records in the Saskatchewan Ministry of Education's Student Information System for the purpose of determining appropriate program or course placement. All ABE applicants will be assessed for Level 4 programming.

If I am being funded by a government agency or ministry, Band or employer to participate in this program, I hereby give authorized personnel of Carlton Trail College permission to disclose information about my performance and attendance.

I agree to abide by the rules and regulations of Carlton Trail College.

By submitting this application, I hereby certify that all of the information provided is true and complete. I understand that false information may result in the cancellation of my status as a registered student.

Please Submit...

*If you are not a Canadian citizen, your **Immigration Documents**.

*If you have received your education outside of Saskatchewan, your **Official Transcripts**.

*If you have had an English language assessment, your **English Proficiency Documents**.

Please submit the required documents to your nearest Carlton Trail College office or mail to:

Carlton Trail College
 611-17th Street, PO Box 720
 Humboldt, SK S0K 2A0

Note: Faxed or photocopies of your documents are not accepted. Original documents must be seen and verified by authorized Carlton Trail College personnel.

Signature

<hr style="border: 0; border-top: 1px solid black;"/> Name of Applicant*	<hr style="border: 0; border-top: 1px solid black;"/> Signature*	<hr style="border: 0; border-top: 1px solid black;"/> Date of Application*
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FOR OFFICE USE ONLY			
Preliminary Transcript Received	Official Transcript Received	\$45 Application Fee Received	Receipt Number
English Proficiency Document Received	Foreign Credential Transcript Received	Foreign Credential Assessment Fee Received	Receipt Number
SK Learning ID/Standing	Eligibility Decision	Accepted	OCSM Entered
Notes:			

HUMBOLDT (Head Office)

Carlton Trail College
 Box 720 (611-17th Street)
 HUMBOLDT, SK S0K 2A0

PH: 306.682.2623

WATROUS

Carlton Trail College
 Box 459 (202A 6th Avenue East)
 WATROUS, SK S0K 4T0

PH: 306.946.2094

WYNYARD

Carlton Trail College
 Box 716 (400A Avenue D West)
 WYNYARD, SK S0A 4T0

PH: 306.554.3767