



# 2020-2021 REGISTRATION FORM

In partnership with



MANITOBA INSTITUTE OF TRADES & TECHNOLOGY

## PERSONAL INFORMATION - REQUIRED

NAME:

FIRST NAME

MIDDLE NAME(S)

LAST NAME

ADDRESS:

APARTMENT #/HOUSE # & STREET

CITY

PROVINCE

POSTAL CODE

TELEPHONE:

HOME PHONE #

CELL PHONE #

EMAIL ADDRESS

DATE OF BIRTH:

MONTH

DAY

YEAR

AGE:

(ON JUNE 30, 2021)

Male  Female  Other

How did you hear about CrossRoads Learning Centre? Please check all that apply.

- Flyer
- Friend/Family
- Website
- Google
- Facebook
- Former Student
- Instagram
- Employment Insurance
- Employment & Income Assistance
- Other: \_\_\_\_\_

## SOURCE OF INCOME OR FUNDING AGENCY - REQUIRED

- Employed Full Time (30 hrs/week or more)
- Employed Part Time (less than 30 hrs/week)
- Metis Federation / Band Funded
- Voluntary Unemployed
- Self-Employed
- Disability/Workers Compensation
- Employment Insurance
- Unemployed due to Covid-19
- Other \_\_\_\_\_

Income Assistance Location: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## HEALTH INFORMATION (PLEASE PROVIDE THE NAME OF A PERSON TO BE CONTACTED IN THE CASE OF AN EMERGENCY)

NAME	RELATIONSHIP	HOME PHONE #	ALTERNATE PHONE #

PLEASE LIST ANY MEDICAL CONDITIONS THAT OUR STAFF SHOULD BE MADE AWARE OF

## DAYCARE INFORMATION

SUBSIDIZED

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

## DEMOGRAPHICS - REQUIRED

PREVIOUS LAST NAME: \_\_\_\_\_

WHAT SCHOOL DIVISION DO YOU LIVE IN: \_\_\_\_\_

Ancestry: \_\_\_\_\_

Family Status:       Married/Common Law       Divorce/Widow       Single       Single Parent  
# of children under 6: \_\_\_\_\_ # of children over 6: \_\_\_\_\_ Total # of children: \_\_\_\_\_

## NEWCOMER/IMMIGRATION INFORMATION - REQUIRED

Canadian Citizen       Refugee      What is your *first* language? \_\_\_\_\_

Permanent Resident (if checked, please fill in the following)

Immigrant      Country of Citizenship: \_\_\_\_\_      Immigration Date to Canada: \_\_\_\_\_

**Language Benchmarks** – Date of Issue: \_\_\_\_\_

Listening: \_\_\_\_\_      Reading: \_\_\_\_\_      Writing: \_\_\_\_\_      Speaking: \_\_\_\_\_

## EDUCATIONAL DATA - REQUIRED

Last Completed Grade: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_  Out of Province

Have you received any upgrading or training since you left school?       Yes       No

If Yes, was it:

Adult Basic Education      Level: \_\_\_\_\_      Date: \_\_\_\_\_      Location: \_\_\_\_\_

GED      Level: \_\_\_\_\_      Date: \_\_\_\_\_      Location: \_\_\_\_\_

An Adult Learning Centre      Level: \_\_\_\_\_      Date: \_\_\_\_\_      Location: \_\_\_\_\_

Adult Literacy Program      Level: \_\_\_\_\_      Date: \_\_\_\_\_      Location: \_\_\_\_\_

## SPECIAL CONSIDERATIONS (VISUAL, HEARING OR PHYSICAL DISABILITY/ADDITIONAL INFORMATION)

**Freedom of Information and Protection of Privacy Act.** The personal information you provide is voluntary and confidential and will be used to assess your eligibility and suitability for the program. It is collected under the authority and regulations of the Manitoba Public School Act and the Education Administration Act. The information will be used for the enhancement of education programming, for the completion of funding applications, and for the completion of periodic reports as required by the provincial authorities.

## DECLARATION - REQUIRED

I consent to the verification of any information supplied in this application. I certify that the statements made by me are true and to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_