

RHS ADULT 12 BASIC EDUCATION
2025-2026 Application for Admission

Name: _____
Surname (Last name) First Name Middle Name

Maiden or Previous Name

Date of Birth: ____/____/____
dd mm yr

Address: _____
(Street, PO Box #) (Town) (Province) (Postal Code)

(Home Phone Number) (Cell Phone Number) (Email Address)

SIN #: _____ **SK Health Number:** _____

Student ID #: _____

Emergency Contact Information: Name: _____

Relationship to you: _____ **Cell/Phone #:** _____

Note: The following section is voluntary. Information will be used for statistical purposes only.

<input type="checkbox"/> Male <input type="checkbox"/> Female	Number of Dependents:	<input type="checkbox"/> Single, divorced, separated <input type="checkbox"/> Married, common-law
<input type="checkbox"/> Metis <input type="checkbox"/> Treaty/Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Visible Minority <input type="checkbox"/> Disabled	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	First Language: <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> French <input type="checkbox"/> Michif <input type="checkbox"/> Cree <input type="checkbox"/> Dene

Educational Background:

Type	Highest Grade Level Completed	Name/Location of School
Elementary School		
Secondary (High) School		

Adult Basic Education		
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Primary Income Support:

- | | | |
|--|---|---|
| <input type="checkbox"/> Earned Wage | <input type="checkbox"/> Federal Gov't (EI) | <input type="checkbox"/> Social Assistance |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Provincial Training Allowance | <input type="checkbox"/> Other |
| <input type="checkbox"/> No Income support | | |

What were you doing before this program? Check one.

- | | | |
|--|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Un-employed (receiving EI) | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Student | <input type="checkbox"/> Un-employed (receiving SAP) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Un-employed (not receiving EI/SAP) | | |

Technological Information:

1. Do you have access to a computer/laptop at home? _____ Access to internet? _____
2. What is your skill level with computer skills? ☐None ☐Basic ☐Intermediate ☐Advanced
3. Have you taken any online courses? _____

A written letter must accompany this application. The letter must include the following information:

1. What are your educational and career short and long term goals? Please be specific, indicate your desired post-secondary institution and/or training program.
2. Why are you motivated to enroll in the Adult 12 Program at his time?
3. How long have you been out of school?
4. What strengths do you possess that will help you succeed in completing your grade 12 (i.e.: good study habits, organizational skills, strong writing/reading/math skills, etc.).
5. Briefly explain any work, volunteer history.
6. What are your interests.
7. Lastly, please identify anyone that supports or encourages your efforts of continuing your education at his time.

Consent:

- I hereby consent Rossignol High School to send me program information, notifications, invitations, etc., via email, text, or other electronic means. I understand that I can change my preferences and unsubscribe from receiving such materials at any time.
- I understand the information on this form is used for administrative and statistical purposes by Ile-a-la-Crosse School Division's Rossignol High School and it's partners: Northland's College and Gabriel Dumont Technical Institute.
- I hereby certify that all information on this form is true and complete. I understand that false information may result in the cancellation of my status as a registered student. If admitted, I agree to abide by the rules and regulations of the institute, including the payment of fees.
- I give Rossignol High School permission to release information about my performance in this program to agencies that provide me with funding.

Student Signature: _____ **Date:** _____