

Registration Form

Student ID #: _____

Name: | _____ | | _____ | | _____ |
Preferred First Name Legal First Name Last Name

Personal Pronouns: | _____ | Date of Birth: | _____ | | _____ | | _____ |
E.g. She/Her, He/Him, They/Them Month Day Year

Phone #: () | _____ - _____ | Email address: | _____ |

Start Date: | _____ | | _____ | | _____ | Program Code/Name: | _____ |
Month Day Year E.g. H100/Culinary Management

Please check your **Application Status** and **Campus**:

- Full-Time Part-Time Continuing Education Apprenticeship Dual Credit (High School)
 Casa Loma Ryerson St. James Sunnybrook Waterfront Young Centre Distance Ed.

Please attach supporting medical documentation for your disability to your Accessible Learning Services registration form.

- I currently have proof of disability
 I suspect I have, or, I am in the process of being assessed for a disability
 I do not have a disability but I do require emotional and/or academic support

Please check your disability type. You may check more than one:

- Acquired Brain Injury ADHD Autism Spectrum Disorder
 Low Vision/Blind Deaf/Hard of Hearing Learning Disability
 Medical Mental Health Mild Intellectual Disability
 Mobility Suspected Disability Other: _____