DIVISION OF STUDENT SUCCESS
Accessible Learning Services

https://www.georgebrown.ca/als

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**: _____

Please check the type of Financial Services to which you are applying or accessing:

☐ **OSAP** (Ontario Student Assistance Program) ☐ **WSIB** (Workplace Safety Insurance Board)

☐ **ODSP** (Ontario Disability Support Program) ☐ **George Brown College** Health Benefits Plan

☐ **SCSF** (Second Career Strategy Funding) ☐ **Other** _____