**-Contact information-**

**Student ID #: 10**\_ \_ \_ \_ \_ \_ \_ **Name:** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_||\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

first last

**□ Female □ Male □ Another Gender Identity Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street name & number) (apt number) (city) (province) (postal code)

**Phone # 1: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone # 2: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TTY: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(telecommunications device for the deaf)

**George Brown College email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(emails will be sent to your george brown college email address as per college policy)

**Which is the best way to contact you? □ Phone # 1 □ Phone # 2 □ Email □ TTY**

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we email you regarding upcoming appointments and disability related events? □ Yes □** **No**

**-Program information-**

**□ Applied □ Accepted Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

**Program Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(example: H100) (example: culinary management)

**□ Full-Time □ Continuing Education □ Apprenticeship □ Dual Credit (High School)**

**Campus:** \_\_\_\_\_\_\_\_\_\_\_\_\_ (casa loma, ryerson, st. james, sunnybrook, waterfront, young centre, distance education)

**-previous education-**

**Name of High School and/or School Board:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of College/University and last year attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRE-admission and placement testing**

Notifications for required pre-admission or placement tests may be received by mail, email or posted to your student account in STU-VIEW.

**1 Do you require accommodations for a pre-admission test? □ Yes □ No □ n/a**

**- OR-**

**2 Do you require accommodations for a placement test? □ Yes □ No □ unsure □ n/a**

**- OR-**

**3 Has the Early Childhood Dept. invited you to a mandatory information session? □ Yes □ No**

If you check “Yes” to **1** or **2** an accommodation profile will be emailed to you and also sent to the Assessment Centre. After receiving your accommodations, you can book your test by calling the Assessment Center Test Accommodation Hotline at 416-415-5000 extension 2624 or email [booktest@georgebrown.ca](mailto:booktest@georgebrown.ca). If you check “Yes” to **3** Accessible Learning will email the contact information for your accessibility consultant plus instructions for the arrangement of information session accommodations. Please allow **ten** business days to arrange accommodations.

**-Disability information-**

To register you must submit a signed Intake Form. Where available, attach supporting documentation from a doctor, psychologist or other registered healthcare professional. The documentation should indicate the type of disability (it is not necessary to include a DSM diagnosis), the expected permanence of your disability as well as the physical, cognitive and behavioral impacts on your daily functioning. For more information on supporting documentation, please see our webpage at [Link to Accessible Learning Services webpage for supporting documents required](http://www.georgebrown.ca/accessible-learning-services/documents-you-need.aspx)

**I currently have proof of disability □ Yes □ No**

**I suspect I have, or I am in the process of being assessed for a disability □ Yes □ No   
I do not have a disability but I do require emotional/academic support □ Yes □ No**

**Please check your disability type(s). You may check more than one.**

□ Acquired Brain Injury □ ADHD □ Blind/Low Vision □ Deaf/Hard of Hearing □ Other/Unsure

□ Learning Disability □ Medical □ Mental Health □ Mobility

**-Financial information-**

**Please check which of the following services you are accessing or applying to:**

**□** **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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_