

# Adult Education APPLICATION FORM

**Holland College Adult Education**  
 Mail: 140 Weymouth Street, Charlottetown, PE C1A 4Z1  
 Location: 305 Kent Street, Montgomery Hall, Charlottetown  
 Fax: 902-566-9688 Tel: 902-566-9362 or 800-446-5265, option 3  
 Web: hollandcollege.com/adult-education Fb: facebook.com/hcadulteducation

Electronic completion requires Adobe Reader version 9 or above. Download [Adobe Reader](#)  
 Form may be completed electronically and sent by email ([adulthoodeducation@hollandcollege.com](mailto:adulthoodeducation@hollandcollege.com)) or printed and sent by fax or mail.

- A. Are you 18 years of age or over?  YES  NO
- B. Have you been out of the public school system for at least one year?  YES  NO
- C. Have you graduated from High School?  Yes  No If no, what was the last grade you completed? \_\_\_\_\_
- D. If you have taken GED, do you have your GED certificate?  Yes  No  NA
- E. How did you hear about our program?  Radio  TV  Website  Personal Contact  Newspaper  Employer  
 Referral Agency  Social Media  Other \_\_\_\_\_

**PLEASE PRINT**

Last Name  First Name  Middle Initial(s)

Previous Name (If applicable)

Address

City  Prov.  Postal Code

Cell Phone Number  Other Phone Number

Email

We will be corresponding with you via email. Please ensure this address is secure and accessible.

Date of Birth  /  /  Social Insurance Number

Year / Month / Day

**Adult Education location you want to attend:**

- Charlottetown  Summerside  Montague  Alberton  Morell  Souris  Tignish  Scotchfort

Are you interested in the  Day Program  Night Program  Unsure, depends on course schedule.

Career Goal: \_\_\_\_\_ If continuing your education, what institution: \_\_\_\_\_

**CITIZENSHIP STATUS**

- Canadian Citizen  Permanent Resident (Landed Immigrant)  International Student  Other \_\_\_\_\_ Country of Citizenship (If not Canadian)

**ENGLISH LANGUAGE PROFICIENCY**

- Is English your first language?  YES  NO
- If no, have you completed an English proficiency test?  YES  NO

**RELEASE OF INFORMATION**

- Permission is hereby granted to Holland College to exchange personal information from my file with SkillsPEI, Provincial and Federal Government Departments and Agencies, or their representatives and/or other bodies, for statistical and management purposes, related to the goals and objectives of the training/educational program. I hereby release the College and these other departments, agencies and bodies from any and all liability in connection with the release of this information.
- I certify that all statements on this application are true and complete. I understand that any misrepresentation may result in the refusal, cancellation or withdrawal of funding, the refusal or cancellation of my admission, or my dismissal from the College.
- I understand that my application will not be complete until I submit an up-to-date high school transcript.
- I understand that my application is conditionally accepted by Adult Education pending availability of seats and/or funding approval.

**An Adult Education representative will contact you by phone within five business days of receipt of form.**

\_\_\_\_\_  
 Signature of Applicant (Not Required for Electronic Submission) \_\_\_\_\_  
 Date

**Adult Education Office Use Only**

Day Program		Night Program	
AM	PM	Mon/Wed	Tues/Thurs
<input type="checkbox"/> Term 1 Credit _____	_____	<input type="checkbox"/> Term 1 Credit _____	_____
<input type="checkbox"/> Term 2 Credit _____	_____	<input type="checkbox"/> Term 2 Credit _____	_____
<input type="checkbox"/> Term 3 Credit _____	_____	High School Transcript Received _____ Date _____	

Client # _____	Date Processed _____	Registration Clerk Signature _____	Student Status _____
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