

Literacy & Basic Skills (LBS) Student Information Form

GENERAL INFORMATION

Name: _____

Address: _____

City, province, postal code: _____

Telephone: _____

e-Mail address: _____

Date of birth (D/M/Y): _____ Gender: _____

Marital status: _____ Residency status: _____

Language spoken at home: _____ Preferred language: _____

EMPLOYMENT

Employment status: _____

Source of income: _____

Employment experience (inside or outside of Canada): _____

If unemployed, for how long? _____

EDUCATION

Level of education _____

Where did you go to school? (Inside or outside of Canada) _____

Has your education been interrupted by events in your life? Yes/No _____

How long have you been out of school (incl. training)? _____

Registered apprentice? Yes/No _____

Current participant in a LBS program? _____

Have you taken an online class before? Yes/No _____

Long-term goal? Employment, independence, post-secondary, secondary, apprenticeship? _____

Where will you be taking your classes? _____

For which courses would you like to register? _____