



Train "NOW" Ontario
Student Application Form
2019-2020

Date Received: _____
ID Received: _____
Guardian's Permission _____
Payment Method VISA MC Cheque
Office Use ONLY

Contact Information

Name: _____ D.O.B. _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Student Enrollment Information

Program Choice: _____

Highest Level of Education Completed : High School College University

If none of the above please indicate level of education completed: _____

Please List learning disabilities that you may require special accommodations for:

Do you have any injuries or illnesses that would impact your success in this program YES NO

If YES please indicate how we might be able to assist in your success and completion of this program :

Course Payment

Do you require financial assistance: YES NO , If yes please indicate your financial needs: _____

Attestation

In the above application, is it in your belief that you have answered in truth to the best of your abilities and that should something be deemed as untruthful renders this application null and void :

Signature: _____ Date: _____

Under the age of 18: Guardian Signature _____ Date : _____