Northern ACCESSIBILITY COLLEGE SERVICES

Accessibility Services – CollegeBound Registration Form (Haileybury)

First Name:	Last Name:
Preferred Name:	Cell Phone:
Address:	
	Postal Code:
Current School (if applicable):	
Program/Area of Study at Northern College (if	applicable):
Please submit any accessibility support docum	entation (e.g PsychEd Assessment, IEP, or medical
documentation) with this application, if you are	e submitting via email.
Documentation is attached.	Documentation to follow.
Housing Information (Please check one.)	
I have housing procured. I have not secured housing and need te	I will be living in Residence. emporary accommodation during CollegeBound.
Personal InformationDo you have allergies and YesYesNoIf yes, please list:	nd/or food sensitivities?
Please list any accommodations you require:	
Emergency Contact Information	
Emergency Contact:	– Relationship:
Telephone:	
□I understand that there is a 100% attendan □I understand that this is a substance-free er	

I have read the information on this form, and by signing, I agree to the terms outlined above.

Your confirmation can be submitted in person, or by email.

Email: jibbw@northern.on.ca or advisingserviceshl@northern.on.ca

Please contact us if you require this form in an alternative format.