

**Accessibility Services – CollegeBound Registration Form (Kirkland)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current School (if applicable): \_\_\_\_\_

Program/Area of Study at Northern College (if applicable): \_\_\_\_\_

Please submit any accessibility support documentation (e.g PsychEd Assessment, IEP, or medical documentation) with this application, if you are submitting via email.

Documentation is attached.

Documentation to follow.

Please list any accommodations you require: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alt. Telephone: \_\_\_\_\_

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: [connorsk@northern.on.ca](mailto:connorsk@northern.on.ca)

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