

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: _____

I understand that the deadline to apply for Collegebound is **Thursday, August 21th, 2025.**

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

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