

TIMMINS CAMPUS - Accessibility Services Orientation (PS1001)

Transitioning students with Disabilities into Post-Secondary Education

First Name] 1	Telephone			
Last Name						Cell Phone			
Address Line 1						E mail			
Address Line 2									
City			Province	nce			Postal Code		
Current School									
Program/Area of Study at Northern College (if applicable):									
Please submit documentation of your disability (e.g. Psych Assessment, IPRC, IEP or medical documentation) with this application, if available:									
		☐ Documentation to follow							
HOUSING INFORMATION (PLEASE CHECK ONE)									
☐ I am renting an apartment or house. ☐ I am scheduled to move into residence.							ce.		
☐ I am living at home and do not require residence.				☐ I have not secured a move in date to residence, therefore I need temporary accommodations during PS1001.					
PERSONAL INFORMATION									
Do you have allergies and/or food sensitivities?									
□ No	If yes, please list								
☐ Yes									
EMERGENCY CONTACT INFORMATION									
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Emergency Contac				Relatio			unb [
Telephone Numbe	ber			Alternative Telephone Number					
☐ I understand there is a 100% attendance policy for PS1001.									
☐ I understand that this is an alcohol free environment .									
I have read the information on this form and by signing, I agree to the terms outlined above.									

Your confirmation information can be submitted by email to foys@northern.on.ca, or by mail, fax or in person.

Email: foys@northern.on.ca