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**Admissions Application**

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

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

Applicant Lives: On Own  With Parents/Guardian  Group Home Applicant Wishes to Attend: Full Time  Part Time 

Days Requested: \_\_\_\_\_

Applicant Wishes to Participate in: Community Engagement  Living Skills Fitness  Literacy  Social Opportunities  OWLS (Social/Respite) 

Other programs applicant currently attends: \_\_\_\_\_

Last School/Day Program: \_\_\_\_\_

Activities participated in: \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Last Employer: \_\_\_\_\_

Position Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Academic/Other Needs and Goals: \_\_\_\_\_

Severe Behaviours: \_\_\_\_\_

Is One-to-One Support Worker Required?: \_\_\_\_\_

(Please note: COED does not supply One-to-One Support Workers)

Is Applicant Able to Participate In Out of School and/or Out of Town Excursions?: \_\_\_\_\_

**ADMISSIONS APPLICATION (cont'd)**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Nature of Disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications (including dosages and times taken): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seizure Activity: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Hepatitis B Screening: \_\_\_\_\_

\_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

Any criminal convictions: \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending? \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant

\_\_\_\_\_  
Parent/Caregiver  
(if applicable)

Note: All applications are reviewed by COED's Admissions Committee upon receipt.

