

**Registration Form**

**Student ID #:** \_\_\_\_\_

**Name:** | \_\_\_\_\_ || \_\_\_\_\_ || \_\_\_\_\_ |  
Preferred First Name                      Legal First Name                      Last Name

**Personal Pronouns:** | \_\_\_\_\_ |    **Date of Birth:** | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
E.g. She/Her, He/Him, They/Them                      Month                      Day                      Year

**Phone #:** (    ) | \_\_\_\_\_ - \_\_\_\_\_ |    **Email address:** | \_\_\_\_\_ |

**Start Date:** | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |    **Program Code/Name:** | \_\_\_\_\_ |  
Month    Day    Year                      E.g. H100/Culinary Management

Please check your **Application Status** and **Campus**:

- Full-Time     Part-Time     Continuing Education     Apprenticeship     Dual Credit (High School)
- Casa Loma     Ryerson     St. James     Sunnybrook     Waterfront     Young Centre     Distance Ed.

Please attach supporting medical documentation for your disability to your Accessible Learning Services registration form.

- I currently have proof of disability**
- I suspect I have, or, I am in the process of being assessed for a disability**
- I do not have a disability but I do require emotional and/or academic support**

Please check your disability type. You may check more than one:

- Acquired Brain Injury**                       **ADHD**                       **Autism Spectrum Disorder**
- Low Vision/Blind**                       **Deaf/Hard of Hearing**                       **Learning Disability**
- Medical**                       **Mental Health**                       **Mild Intellectual Disability**
- Mobility**                       **Suspected Disability**                       **Other:** \_\_\_\_\_

Please check the type of Financial Information and/or Services to which you are applying or accessing:

- OSAP** (Ontario Student Assistance Program)                       **WSIB** (Workplace Safety Insurance Board)
- ODSP** (Ontario Disability Support Program)                       **International Student**
- SCSF** (Second Career Strategy Funding)                       **Other** \_\_\_\_\_