

EARLY CHILDHOOD EDUCATION PROGRAM APPLICATION CHECKLIST

NAME: _____

STUDENT NUMBER: _____ If you have previously attended ACC

- I am applying for:
- Victoria Avenue East, Brandon** (annual fall start)
 - Parkland Campus, Dauphin** (September start, even years only)
 - Distance Education** (bi-monthly starts)

APPLY ONLINE:

<https://assiniboine.net/applynow>

or
IN PERSON/BY MAIL TO:

Registrar's Office
Assiniboine Community College
1430 Victoria Avenue East,
Brandon MB R7A 2A9

Faxes & e-mails are not accepted

	OFFICE USE ONLY Received	
<input type="checkbox"/> Apply Online and upload the items below:	Y	N
<input type="checkbox"/> \$95 Application Fee (non-refundable)	Y	N
<input type="checkbox"/> Supplemental Application (questionnaire located within online application)	Y	N
<input type="checkbox"/> EITHER , an original official High School Transcript showing a complete Grade 12 including the following:	Y	N
<input type="checkbox"/> English 40G/40S or equivalent – minimum 60% required	Y	N
<input type="checkbox"/> AND/OR , I am currently at high school or upgrading at an adult learning centre; an original official High School Transcript of marks to date & a letter from my school confirming my enrolment is enclosed. <small>(official final transcript is required 30 days prior to program start date)</small>	Y	N
<input type="checkbox"/> Official College/University Transcript, if applicable. <small>(Applicants must be in good academic standing at their current institution.)</small>	Y	N
<input type="checkbox"/> Proof of English Language Proficiency, if applicable; see www.assiniboine.net/elp for details.	Y	N
<input type="checkbox"/> Photocopy of Permanent Resident Card, if applicable. <small>(Both sides are required.)</small>	Y	N
<input type="checkbox"/> Photocopy of Current Criminal Record Check <small>(Must be current within 6 months of application.)</small> Must be obtained from your local police/RCMP detachment	Y	N
<input type="checkbox"/> Photocopy of Current Child Abuse Registry Check <small>(Must be current within 6 months of application.)</small> www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html	Y	N

This form is available in alternate formats.
Please contact accessibility@assiniboine.net or 204.725.8700 (ext. 6052).

OFFICE USE ONLY: October 2020

APP STATUS:

Completed Application:

- YES
NO

Received by: _____

Date/Time Received