



Student Information Form

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Cell No: _____ Home Ph: _____

Email: _____ Birthday: _____

High School Grad Year: _____ ASN #: _____ Residence Status: _____

| | |
|--------------------|--|
| Current Job: | |
| Previous Job: | |
| Highest Education: | |

Program of Interest: _____ Schedule: _____

Please briefly state the reason why you are interested in this program: _____

How did you hear about ERP College?

☐ Google ☐ Facebook/Social Media ☐ Signage ☐ Billboard ☐ Mall

☐ Event: _____ ☐ Recruiter Name: _____

☐ Friend: _____ Phone No: _____

**Employability Assessment
Essential Skills**

Reading

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Thinking Skills

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Numeracy

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Oral Communication

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Personal Presentation Skills

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Comments: _____

Admission Counselor Name: _____

Signature: _____

Date: _____