



REINSTATEMENT FORM

NAME OF COMMUNITY CENTRE: _____

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____

QPC #: _____ FICHE #: _____

PROGRAM OF STUDY

NAME OF PROGRAM: _____ GROUP #: _____

REINSTATEMENT INFORMATION

FROM GROUP #: _____ TO GROUP #: _____

START DATE OF NEW GROUP: _____

REASON(S) FOR WITHDRAWAL: (check the appropriate options available below)

- ☐ 01-ABANDON ☐ 02-CHANGE OF EDUCATIONAL INSTITUTION ☐ 11-UNKNOWN REASON
☐ 12-WORK ☐ 15-PERSONAL REASONS ☐ 29-CHANGE OF VOCATIONAL PROGRAM

OTHER PLEASE SPECIFY: _____

Only for the use by: COMMUNITY PARTNER SIGNATURE(S)

Signature of Student (IF APPLICABLE)

Date

Signature of Teacher

Date

Signature of Community Partner

Date

Only for the use by: ADULT EDUCATION & VOCATIONAL SERVICES

VERIFIED & ENTERED AS Reinstated IN JADE-TOSCA EFFECTIVE DATE AS OF: _____

Signature of AEVS Representative

Date