

Windsor Adult High School Application 2008-09

Please return completed application to:
 Windsor Adult High School
 94 Wentworth Road, P.O. Box 369
 Windsor, Nova Scotia B0N 2T0
 Phone: 792-6751 Fax: 792-6755

Date of Application: _____

Date Received: _____

First Name:	Middle Name:	Last Name:	Maiden Name: (if applicable)
Mailing Address:			Phone:
Postal Code:	Community:		2 nd Phone:
Date of Birth: day month year	Age now:	Age as of Dec 31, 2008	Male/Female
Last School Attended:			When did you attend?
Highest Grade Completed:		Recommended by:	
What is your career goal?		Have you ever attended this school? When?	

*****Please complete the reverse side of this application*****

Office Use Only

Date of Interview: _____

Courses required/desired for upcoming year

