

**REGISTRATION FORM
SERVICES FOR STUDENTS WITH DISABILITIES**



**PLEASE COMPLETE THIS FORM IF YOU HAVE ANY PHYSICAL,
EMOTIONAL OR LEARNING DISABILITIES**

To assist the College in providing you services and/or accommodations, please complete this form and return to Olds College. Gathering documentation about your disability can take a number of months. Submit this information as soon as possible. This is a separate process from the admissions process. Note: Documentation is required to support accommodations

PERSONAL DATA

(Please Print)

LAST NAME: _____ **FIRST NAME:** _____

OLDS COLLEGE ID NUMBER: _____ **PROGRAM ENROLLED IN:** _____

DAYTIME PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

PERMANENT HOME ADDRESS: _____

**PLEASE INDICATE BY CHECKING THE APPROPRIATE BOX
WHICH OF THE FOLLOWING APPLY**

()	LEARNING	(REQUIRES CURRENT PSYCHO-EDUCATIONAL DOCUMENTATION) PLEASE IDENTIFY ANY MEDICATIONS:
	ADD	
	ADHD	
	Dyslexia	
	Other	
()	PHYSICAL	PLEASE DESCRIBE:
	Visual	
	Hearing	
	Mobility	
	Other	
()	EMOTIONAL	IF TAKING MEDICATIONS, PLEASE IDENTIFY:
	Schizophrenia	
	Anxiety	
	Bi-Polar Disorder	
	Other	

Mail the completed form to:

OLDS COLLEGE

4500 – 50 Street

Olds, AB T4H 1R6

**QUESTIONS: Please contact Access Advisor for Services to Student with Disabilities
at 1 800 661-6537 or 403 -507-7945 Chris Bellamy cbellamy@oldscollege.ca**

Signature of Applicant

Date

The personal information which you provide on this form is being collected for the purpose of accommodating the needs of students under the authority of the Freedom of Information and Protection of Privacy Act. Information on this form may be shared with the college Counselor, Health Services, Student Resource Center, Program Coordinator, Instructors and organizations responsible for student funding. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Coordinator at Olds College at 4500 - 50 ST, Olds, Alberta, T4H 1R6.