

STEPS

STEPS 2010 Registration Form

Personal Information

Ms. Mr.

Name: _____ Student Number: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email Address: _____

Cell: _____ Current School: _____

Program: _____ Campus: Trafalgar Davis

How did you learn about Steps? _____

Required Documentation

Please submit documentation that verifies your learning disability (psychoeducational assessment/IEP/IPRC

documents attached

documents to follow

Reason for Registering

Explain why you would like to attend STEPS 2010 and how you might benefit from the summer program.

I have included a letter of recommendation from a teacher or guidance counsellor

How to Register

Mail your completed application to
STEPS 2010

Disability Services

Sheridan College Institute of Technology and Advanced Learning
1430 Trafalgar Road
Oakville, ON L6H 2L1



Disability
Services

If you have questions about this application, please email
steps@sheridanc.on.ca