

2024 EXPLORE PROGRAM

MANDATORY SENSITIVE INFORMATION FORM

Spring Session (Ages 19+)



REGISTRATION CHECKLIST

- 1) Carefully read and complete the online Explore Program Registration Form.
- 2) Please print a physical copy of this document and provide the following information:

I AM AN EXPLORE BURSARY RECIPIENT CONFIRMING MY PARTICIPATION IN THE:

- Ages 19+ French as a Second Language (FSL) Program (May 21 to June 22, 2024)
- Ages 19+ English as a Second Language (ESL) Program (May 21 to June 22, 2024)

Participant Full Name:

Social Insurance Number (SIN): -----

DO YOU HAVE HEALTH INSURANCE?

- Yes
- No

If provincial coverage

From which province: -----

Health card number: -----

If other than provincial coverage



Name of health insurance company: _____

Health insurance policy number: _____

Customer service phone number: _____

3) Provide proof of identification with photo (e.g. health card, driver’s license, passport, school ID, etc.)

4) Please mail this document, proof of identification photo, and the necessary attachments to the following address:

Glendon Explore Program
York Hall A112
2275 Bayview Avenue
Toronto, ON M4N 3M6

If you have any questions, please do not hesitate to contact us by email at: explore@glendon.yorku.ca

SECTION TO BE FILLED OUT BY GLENDON CONTINUING EDUCATION ADMIN ONLY:

DATE RECEIVED: _____

COMPLETE

INCOMPLETE

- Social insurance number (SIN)**
- Proof of identification with photo**
- Optional Medical /Accommodation Information Form**
- If any:**
- As applicable:**
 - Proof of accommodation** (physician’s note, copy of individualized learning/educational plan, etc.)
 - Proof of medical conditions** (seasonal allergies, asthma, diabetes, epilepsy, seizures, heart troubles, etc.)
 - Proof of prescription medications** (proof from physician or pharmacist)
 - Proof of allergies and need for EpiPen**
 - Proof of special diet for medical reasons** (physician’s note)

NOTES:
