

Brandon Literacy Council Inc. Returning Learner Form

Personal Information			
Last Name:		First Name:	
Previous Last Name (if re	levant):		
Current Mailing Address:			
City/Town: Province		e:	Postal Code:
Phone Number:		Preferred Method of Contact:	
Email address:		Do you want to be added to our email list?	
Emergency Contact Info	rmation		
Name: Relationship:			Phone Number:
Reason For Coming to B	LC: (Please choo	se ONE)	1
Improve reading, writing, and/or math skills for employment/school/training etc.:		Improve computer skills:	
College or university preparation:		Take a short course offered @BLC:	
Get a Mature High School Diploma (MHSD):		Other:	
Take a high school credit cours	se(s): Please list cours	ses:	
 What do you hope to d What, if anything, prev What have you done to 	rented you from suc	= =	ng your program in the past

New program year Program change/ re-entry Address change Emergency contact change