



Intake Information Form

Regional Assessment and Resource Centre (RARC)

Mackintosh-Corry Hall, Room B100 | 68 University Avenue, Kingston, ON K7L 3N6 P: (613) 533-6311 | F: (613) 533-6564 | E: rarc@queensu.ca

	completed by RARC Sta	,,			
Intake:			Supervised By:		
Today's Date: (MM/DD/YYYY)					
Please indicate below	how you were referre	d to the Regional Assessn	ment and Resou	rce Centre:	
☐ Student Accessibility Services ☐ Cou		☐ Counselling Service	es	☐ Secondary School	
☐ Family Doctor		☐ LD Association of Ontario		□ Other:	
Please complete all fie	elds below:				
Full Name:					
(Please Print) Surname (Last Name)		Given N	Name(s)	Preferred Name	
Student Number: Date of Birth:					
(Po	ost Secondary)		(MM/DD/YYYY)		
Gender: □ Fem	ale 🗆 Male	☐ Other	Preferred Prono	ouns:	
Student Email: Cell Phone:					
Local Address:	et # and Name City			Postal Code	
3000	it # and Name	City		i ostai code	
Permanent (Family) A					
(If different from above)	Street # and	Name	City	Postal Code	
Emergency Contact In	formation:				
(This must be filled in)	Name		Relationship	Phone Number	
Please indicate your co	urrent academic status	 5:			
☐ High School Stud		ege/University Student			
Name of High School:		Cı	ırrent Grade / I	ast Grade Completed:	
_			•	aut Grade completed:	
Which College/University	sity are you enrolled in	1?:			
Program:					
☐ Full Time	☐ Part-Time	Year: ☐ 1	□ 2 □ :	3 □ 4 □ Other:	
For which term(s):	□ Fall	☐ Winter	☐ Spring	☐ Summer	
	(Sept-Dec)	(Jan-Apr)	(May-Jun		
How many courses pe	r term?·				