



STUDENT REGISTRATION FORM

Today's Date: _____

Full Name: _____ **Gender:**
 First Name, Middle Name, Last Name Male:

Address: _____
 House/Apartment#, Street Name, City, Province, Postal Code Female:
 Undefined:

Date of Birth: _____ / _____ / _____ SIN: _____
 DD MMM YYYY Cellphone #: _____

Place of Birth: _____ Email: _____

Citizenship Status: PR Citizen Other 2020 Total Income (Line 150): \$ _____

Marital Status: _____ Date Completed Highschool: _____ / _____

of Dependent Children: _____ MMM YYYY

Program Name and Schedule: _____
 Mon-Fri 9:00-11:00 AM Mon-Fri 5:00-7:00 PM Sat-Sun 9:00-2:00 PM

*Weekend Classes are available upon requests and depending on the size of class.

Spouse Information:

- Name: _____
- Address: _____
- Date of Birth: _____ / _____ / _____ ➤ SIN: _____
 DD MMM YYYY
- 2020 Total Income (Line 150): \$ _____

Dependant Information:

Full Name	Birthday (DD/MMM/YYYY)	Gender	With Disability
		M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact Information:

- Name: _____
- Cellphone #: _____
- Address: _____
- Relationship to you: _____

I hereby confirm that the information provided herein is accurate, correct, and complete and that the documents submitted along with this registration form are genuine.

Student Signature: _____

Referred by: _____

For office use:

Start Date:	End Date:
Alberta Student Number (ASN):	

CHECKLIST

v	
	Government Issued ID
	Diploma/Transcript/Assessment Test
	Alberta Student Enrollment Contract
	Void Cheque
	Loan Confirmation
	Entered on SIS and other database