



## STUDENT REGISTRATION FORM

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
First Name, Middle Name, Last Name Male:

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SIN: \_\_\_\_\_  
DD MMM YYYY Disability:  Yes  No

Cellphone #: \_\_\_\_\_ Gmail: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ 2020 Total Income (Line 150): \$ \_\_\_\_\_

Citizenship Status: PR  Citizen  Other  Expected Reduced Income: \$ \_\_\_\_\_

Marital Status: \_\_\_\_\_ Additional Income: \$ \_\_\_\_\_

# of Dependent Children: \_\_\_\_\_ Date Completed Highschool: MMM / YYYY

Program Name and Schedule: \_\_\_\_\_

Mon-Fri 9:00-11:00 AM  5:00-7:00 PM  | Sat-Sun 9:00-2:00 PM  | Self-Study Combination

### Spouse Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ > SIN: \_\_\_\_\_  
DD MMM YYYY > 2020 Total Income (Line 150): \$ \_\_\_\_\_

> Will your spouse be a full-time student during > Expected Reduced Income: \$ \_\_\_\_\_  
your study period?  Yes  No > Additional Income: \$ \_\_\_\_\_

### 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"/>

# AGA ACADEMY

**Emergency Contact Information:**

Name: \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Additional Requirements:**

- Government Issued ID
- Education background: Diploma or Transcripts
- Enrollment Contract
- Interview with School Administrator  
Date of Interview: \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_

- 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.
- I acknowledge that all information has been discussed and explained to me by my marketer/recruiter furthermore I understand, and I am fully aware of the information.

Student Signature: \_\_\_\_\_ Referred by: \_\_\_\_\_

**For office use:**

Start Date:	End Date: