

Acute Care Aide Diploma REGISTRATION FORM

(Please Print Clearly)

Last Name First Name Middle Initial

Street Address Email

City Postal Code

Date of Birth Personal Education Number

Home Phone Work or Cell Phone or Pager

Level of Education (last grade achieved) How did you hear about us?

Referred by (NAME):

EMERGENCY CONTACT & PHONE NUMBER & RELATIONSHIP TO YOU

Copy of Education Transcript

English Assessment (if applicable): _____

Proof of Age:

ACA Start Date: _____

Funding: Private Service Canada EI Student Loan

Other: _____

A copy of the academic regulations & procedures has been received with opportunity to review, prior to signing of the student enrollment contract. A photocopy of the first page is attached to this form on acceptance. Student will bring back the initialed/signed document on the first day to be placed on the students file, and a photocopy will be made for the student.

Signature of Student

Signature of Program Representative

Date