
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: _____

HCA 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 _____