



## Admission Form / Data Sheet

### Applicant Information

Full Name:  Birthday:   
Last First M.I. (DD/MMM/YYYY)

Address

City:  Prov / State:  Postal code:

Telephone Number:  Email:

Status in Canada:  Citizen  Permanent Resident ASN #:

Marital Status:  Single (no dependent children)  Single (with dependent children in the household)

Married  Common Law  Separated  Divorced Gender  Female  Male  Unidentified

SIN #:  Last Year Income (Line 150)

Do you already have My Digital ID? Yes No - Number of Years in Canada / Province

### How did you hear about us?

Full Name:  Telephone:  Email:

### Program Information

Program of Interest:  Preferred Schedule:

### Education History

Date Completed / last attended High School (Month/Year):

### Emergency Contact

Full Name:  Relationship:

Address:  Postal Code:

Telephone No:

### Spouse Information

Full Name:  Birthday:   
Last First M.I. (DD/MMM/YY)

Telephone No:  SIN #:  Line 150:



### Dependent Children Information

Dependent Children means **those children who are living with you and/or your spouse/partner** are legally responsible.

Last Name	First Name	Birthdate (DD/MMM/YYYY )	Gender (Son Daughter, Other)	Monthly Childcare Costs (after subsidy) (for children under 12 years of age)



### Disclaimer and Signature

By signing this form, I agree that the institution provided me enough information about the program and helped in enrollment without any cost.

**Applicant's Signature:**  **Date:**

### Office Use Only

**Name of Admission Advisor**

**Signature:**  **Date:**

### CHECKLIST

<input type="checkbox"/>	Government Issued ID
<input type="checkbox"/>	Diploma/Transcript/Assessment Test
<input type="checkbox"/>	Alberta Student Enrollment Contract
<input type="checkbox"/>	Entered on SIS and other database