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### STUDENT REGISTRATION FORM

Registration date (Y/M/D) \_\_\_\_\_  
 \_\_\_\_\_ Alberta Education Student Identification No.

Band \_\_\_\_\_ Treaty # \_\_\_\_\_

Legal Last Name \_\_\_\_\_

Legal First and Middle Name(s) \_\_\_\_\_

Student also known as \_\_\_\_\_ Birthdate (Y/M/D) \_\_\_\_\_

Gender: M  F

Email Address \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

Box No. /Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

LAST EDUCATION INSTITUTE ATTENDED \_\_\_\_\_

Last Grade \_\_\_\_\_ Credits Received to Date \_\_\_\_\_

**TENTATIVE COURSE ENROLLMENT:**

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4

**NOTE: A COPY OF THE LATEST TRANSCRIPTS IS REQUIRED!**