

MUSKOTI LEARNING CENTRE REGISTRATION FORM



Today's date:

Status #:

SIN:

STUDENT INFORMATION

Student's last name: First: Middle: School Attended: Grade:

Is this your legal name? If not, what is your legal name? EMAIL: Birth date: Age: Sex:
 Yes No / / M F

Street address: Cell Phone no: Home phone no.:
() ()

P.O. box: City: Province: Postal Code:

What are your Education Goals (please check)

Grade 12 Diploma Upgrading General Interest Other (Explain)

COURSE SELECTION

Course Location Course Dates Textbooks

Do you require Bus Transportation Yes No

Days of Week Attending Monday Tuesday Wednesday Thursday Friday
 Mornings Afternoons F/T Other

I hereby authorize the release of all academic records relating to my registration or education:

Signature

Date:

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): Relationship to student: Home phone no.: Work phone no.:
() ()

Student Signature

Date