

**CONFIDENTIAL**  
**STUDENT INFORMATION FORM (SIF)**

PERSONAL INFORMATION												
Legal Surname					All Legal Given Names in Full							
Former Surname (if applicable)					Email Address							
Home Telephone #			Work Telephone #			dd	mm	yy	M	F		
						Date of Birth			Gender			
Current Address	911(civic) #	Street or Road Name, Apt. #	PO Box #	RR#	City			Prov.	Postal Code			
<input type="checkbox"/> Check if same as above	Permanent Address	911 (civic) #	Street or Road Name, Apt. #	PO Box #	RR #	City			Prov.	Postal Code		
Employer (Company/Organization/Band)					Are you employed?			Yes	No	F/T P/T Status		
<b>Please provide status card to photo copy front and back.</b>					Band Affiliation		10-digit Band No.		Sponsor:		Other:	
									LDM		B.ED	
									OW		OSAP	
									Self			

APPLICATION INFORMATION			
Choice	Program Name/Code #	Start Date	
		mm	yy
1			
2			
3			

ACADEMIC HISTORY				
Secondary School(s) Attended	Location of School/Campus	Diploma/Certificate (OSSD, GED, Other, or None)	From	To
			mm/yy	mm/yy
			mm/yy	mm/yy
			mm/yy	mm/yy
College or University Attended	Location of School/Campus	Diploma or Degree (Degree Received/Attempted)	From	To
			mm/yy	mm/yy
			mm/yy	mm/yy
			mm/yy	mm/yy

**IMPORTANT: Application will not be processed until official transcript(s) or results of GED are received.**

OTHER TRAINING/CERTIFICATION				
Name of Institution	Location of Institution	Diploma/Certificate (OSSD, GED, Other, or None)	From	To
			mm/yy	mm/yy
			mm/yy	mm/yy
			mm/yy	mm/yy

REFERENCES		
List at least two (2) people who, if contacted, could verify the information you have submitted (i.e. teacher, employer, counsellor, school administrator, or other community member, or an individual who is aware of your qualities or character).		
	Reference 1	Reference 2
Name		
Position/Profession		
Address		
Telephone		

SUPPORT NETWORK/IN CASE OF EMERGENCY		
List at least two (2) people who you consider to be your personal support network (i.e. immediate family member, teacher, employer, etc.) and can be contacted in an emergency situation.		
	Reference 1	Reference 2
Name		
Position/Profession		
Address		
Telephone		
Please list medical conditions, allergies, and medications prescribed by medical personnel:		

EXCEPTIONALITIES		
Please identify if you have a verified disability that prevents you from using standard instructional materials.		
Do you have any exceptionalities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has testing been provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any health problems or exceptionalities		

TRANSPORTATION		
Do you have access to your own vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proposed transportation route:		

CAREER PLAN
Please list your top career fields of interest.

How will the program you have chosen help meet your goals?

Provide any additional information that you believe will support your application for admission to your chosen program of study.

Declaration:  
*I hereby certify that all statements on this application are correct and complete to the best of my knowledge. I understand that I am required to provide an official, original transcript to be sent directly to Kenjgewin Teg Educational Institute from the issuing Institution. If needed, transcript request forms are available from the Admissions Officer or Registrar. I am aware that any misrepresentation of information will affect, and could result in the cancellation of, my admission and/or acceptance status with Kenjgewin Teg Educational Institute.*

**I Accept**      **Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**PHOTO/VIDEO RELEASE AND CONSENT**

As a participant under one of the training programs/courses offered through Kenjgewin Teg Educational Institute, I give Kenjgewin Teg Educational Institute and its employees:

1. Permission to photograph, videotape, and/or interview me;
2. The perpetual and non-exclusive right and license to use my image, my name, and/or quote from me about contingent work produced by or on behalf of Kenjgewin Teg Educational Institute without payment of royalties to me; and
3. Consent under the Freedom of Information and Protection of Privacy Act to use and disclose my image, my name, and/or a quote from me about contingent work produced by or on behalf of Kenjgewin Teg Educational Institute.

I waive any right to inspect or approve the finished edition.

I release, and agree to hold harmless, Kenjgewin Teg Educational Institute, its employees, and representatives from all actions, claims and demands arising from the Kenjgewin Teg Educational Institute's collection, use, and disclosure of my image, my name, a quote from me, or a description of my involvement in issues regarding contingent workers.

I am 18 years of age or over, have read this Release before checking below, and accept the terms and conditions.

**I Accept**      **Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_


REVISED: September 9, 2014