

LOCATION: Weyburn
Other
PERSONAL INFORMATION

Name: _____
Surname (Last name) First Name Middle Name

Maiden or Previous Surname(s) Gender: M F Not Specified

Date of Birth: ____/____/____ Social Insurance # _____
DD MM YY

Address: _____
(Street, PO Box #) (City) (Province) (Postal Code)

(Home Phone Number) (Cell Phone Number) (E-mail)

Emergency Contact Information: Name: _____
 Relationship to You: _____ Cell/Phone # _____

Are you a Canadian Citizen? Yes NO

If no, what is your citizenship status? _____

Is English your first language? Yes No (If No, proof of English proficiency is required.)

EDUCATION INFORMATION

1) K-12 Schooling
 a) Name & location of the last K-12 school you attended: _____
 b) Last year you attended K-12 school: _____
 c) What grade have you successfully completed? _____

2) Adult Basic Education (ABE)/Essential Skills (ESWP)
 a) Have you previously attended (ABE)/(ESWP) Yes NO
 If yes: i) Location of former ABE/ESWP program _____
 ii) Last year attended _____

3) What is your education and/or career goal? _____

A new anti-spam law came into effect July 1, 2014 in Canada, we now need your consent to contact you:
 I hereby consent to Southeast College sending me program related information, notifications, invitations etc., via e-mail, text, or other electronic means. I understand that I can change my preferences and unsubscribe from receiving such materials at any time.

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I hereby certify that all the information on this form is true and complete. I understand that false information may result in the cancellation of my status as a registered student. If admitted I agree to abide by the rules and regulations of the institute, including the payment of fees.

Date

Signature