



ENGAGED LEARNERS PROGRAM

APPLICATION FORM

First Name Middle Name(s) Last Name

Date of Birth (Y/M/D): ____/____/____ Current Age: ____ SIN Number: _____
Year Month Day

Do you live on reserve land: Y N Treaty or Non-Treaty Treaty Number: _____

Full Address: _____

Last School Attended: _____ Last Grade Completed: _____

6 Digit Medical Number: _____ 9 Digit Medical Number: _____

Parent / Guardians Names: _____ Home Phone: _____

Name of Emergency Contact: _____ Phone: _____

MET # _____

Allergy Information: _____

Medication Taken: _____

Rank these classes in order of preference: ____ Carpentry ____ Culinary Arts ____ Art

CONSENT (under 18 parent/guardian to sign) I hereby give consent to The Engaged Learners Program staff to search bags upon arrival of each session. These bag checks are done only at the start of each session in order to prevent any drugs/alcohol/weapons/etc. from coming onto campus.

Signature

REQUEST FOR CONSENT FOR THE RELEASE OF POLICE INFORMATION

All applicants complete this section and sign, if an applicant is under 18 – a parent/guardian must sign:

STATEMENT OF CONSENT: I consent to a search of all records available at the time the search is conducted, including charges before the courts, finding of guilt or convictions and court orders registered in my name in the National Repository and local records available to police service.

Dated this ____ day of _____ 20____

Signature: _____
Applicant or Parent/Guardian if under 18 years old

Student's Signature

Date

Parent / Guardian's Signature

Date