

**PROGRAM LOCATION:** Estevan Weyburn Whitewood Piapot Valley Cowessess  
 Kahkewistahaw Ochapowace Piapot Urban (Regina) Zagime Other

PERSONAL INFORMATION

Name: \_\_\_\_\_  
                                 Surname (Last name)                                  First Name                                  Middle Name

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

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 First Nation member?    Yes        NO   

If yes, to which First Nation do you belong? \_\_\_\_\_

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