



**Conseil scolaire des Premières Nations en éducation  
des adultes  
First Nations Adult Education School Council**

**ADMISSION FORM**

**FIRST NATIONS REGIONAL ADULT EDUCATION CENTRES**

Regional Adult Education Centre: \_\_\_\_\_

**STUDENT IDENTIFICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex:  M  F Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Permanent Code: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Community: \_\_\_\_\_ Band/Beneficiary Number: \_\_\_\_\_

**STUDENT ADDRESS**

Civic Number: \_\_\_\_\_ Street: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

**ACADEMIC INFORMATION**

Last Grade Completed: \_\_\_\_\_ Last School attended: \_\_\_\_\_

Program/Course Interested In: \_\_\_\_\_

Attendance:  Full-time  Part-time Session:  Day  Evening

**SIGNATURE**

I authorize the \_\_\_\_\_ Regional Adult Education Centre to have access to my  
academic file at \_\_\_\_\_ and /or recorded at the Ministry of Education.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parents (if student is a minor)

\_\_\_\_\_  
Date

Please email the completed form to [rhelou@cdrhpnq.gc.ca](mailto:rhelou@cdrhpnq.gc.ca) with a copy of your birth certificate, band card, and your latest transcript.