



*Le Conseil Scolaire des Premières Nations en Éducation
des Adultes // The 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 info@conseilscolaire-schoolcouncil.org with a copy of
your birth certificate, band card, and your latest transcript.