

**First Nations Regional Adult Education Center - Kahnawake - Application Form**

Kahnawake campus - P.O Box 1679 - Mohawk Trail Rd - JOL 1B0 - (450)635-6352(Phone) - (450)635-3470(Fax)

Required documents: Application form, Band card, Birth certificate, Medicare card, Most recent transcripts

**A: Personal Information**

First Name:	<input type="text"/>	Native Name:	<input type="text"/>
Family name at birth:	<input type="text"/>	Family name:	<input type="text"/>
Band Number:	<input type="text"/>		

Sex:	M: <input type="checkbox"/>	F: <input type="checkbox"/>	Other: <input type="checkbox"/>	Date of birth: Year:	<input type="text"/>	<input type="text"/>	Month:	<input type="text"/>	Day:	<input type="text"/>	<input type="text"/>
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Parent's first name:	<input type="text"/>
Parent's last name:	<input type="text"/>
Parent's first name:	<input type="text"/>
Parent's last name:	<input type="text"/>

Place of birth:	City/Town: <input type="text"/>	
Country:	<input type="text"/>	Province/State: <input type="text"/>

**B: Current Address**

Number:	<input type="text"/>	P.O. Box/Street/Rural Route:	<input type="text"/>	Apartment:	<input type="text"/>
City/Town:	<input type="text"/>	Postal Code:	<input type="text"/>		
Country:	<input type="text"/>	Province:	<input type="text"/>		

**C: Contact Information**

Phone number:	<input type="text"/>	Other phone number: (optional)	<input type="text"/>
Email address:	<input type="text"/>		
Emergency contact number:	<input type="text"/>	Emergency contact name:	<input type="text"/>

**D: Medical information**

Medicare Number:	<input type="text"/>	Expiry date: Year:	<input type="text"/>	Month:	<input type="text"/>
Allergies:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list:	<input type="text"/>	
Health issues:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list:	<input type="text"/>	

**E: Academic Information**

Quebec Permanent Code:	<input type="text"/>				
Program you are applying for (circle choice):	<input type="text"/>				
Highschool Diploma	Literacy	GED	AENS	AESS	General upgrading
Other:	<input type="text"/>				
Full time or Part time:	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Time restrictions:	<input type="text"/>	

**F: Agreements (Student signs if 18 years or older, Parent or guardian sign for students under the age of 18)**

I understand that I may be recorded while attending First Nations Regional Adult Education Center, and I am aware that my image may be used to promote FNRAEC to the general public. If I do not agree with being recorded, I agree take the initiative to avoid being recorded.

Signature:  Date:

I declare that all information filled out above is correct to the best of my knowledge, and I commit to attending the First Nations Regional Adult education Center for the duration of the semester that I have applied for.

Signature:  Date:

**Office Use only - Do not fill out**

File Number:	<input type="text"/>	Profile:	<input type="text"/>	Current Funding:	<input type="text"/>
Approval:	<input type="text"/>	Entered:	<input type="text"/>		