APPLICATION FOR ADMISSION

Diploma of Teaching Program

☐ 2018-19 ☐ 2019-20 ☐ 2020-21

Name: _____
Last First Middle

Address: _____
Street City

_____
Province Postal Code Home Phone Number Cell Phone Number

Email address: _____

Date of Birth: ___ /___ /___ **Gender:** ☐ Male ☐ Female
MM DD YY

Parent(s), Guardian(s), Spouse:

_____
Full Name(s) Relationship

_____
Address (if different from above)

_____
Home Phone Number Cell Phone Number

Church Membership/Congregation: _____

Accommodation: ☐ I would appreciate receiving assistance in arranging accommodation

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