

APPLICATION FOR ADMISSION



Diploma of Education Program

| | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 2023-2024 | <input type="checkbox"/> 2024-2025 | <input type="checkbox"/> 2025-2026 |
|------------------------------------|------------------------------------|------------------------------------|

Name: _____
Last First Middle

Address: _____
Street Number Street Name City

Province Postal Code Home Phone Number Cell Phone Number

Email address: _____

Date of Birth: ___/___/___
MM DD YY

Gender: Male Female

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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| Office use only | |
|-----------------|--|