

APPLICATION FOR ADMISSION



Diploma of Education Program

<input type="checkbox"/> 2024-2025	<input type="checkbox"/> 2025-2026	<input type="checkbox"/> 2026-2027
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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

Office use only	
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