APPLICATION FOR ADMISSION

Diploma of Teaching Program

☐ 2023-2024 ☐ 2024-2025 ☐ 2025-2026

Name: _____
Last First Middle

Address:

_____
Street 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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