

APPLICATION FOR ADMISSION



Diploma of Teaching 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 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

OFFICE USE ONLY	
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