APPLICATION FORM

FULL-TIME DAY SCHOOL DIPLOMA PROGRAMS

2008

SASKATOON BUSINESS COLLEGE

To Register (mail or drop off this form):
Saskatoon Business College
221 Third Avenue North, Saskatoon SK S7K 2H7

Phone: (306) 244-6333
Toll Free 1-800-679-7711
Fax: (306) 652-4888

COURSE NAME	START DATE

PERSONAL INFORMATION (please print CLEARLY)

Last Name	First Name	Middle Name	Social Insurance Number (SIN)

Address (Street Name, Box Number)	City/Town	Province	Postal Code

Home Phone	Cell Phone	Birthday (YYYY/MM/DD)	E-mail Address
( )	( )		

Current Employer	Work Phone	Employed how long?	❑ Part-time? ❑ Full-time?
	( )		

EMERGENCY CONTACT (must NOT be living at the SAME address as student address)

Name (Parent, sibling, grandparent, aunt, uncle, etc.)	Relationship to you	Phone
		( )

Address **(must be DIFFERENT from student address)**	City/Town	Province	Postal Code

EDUCATION HISTORY

	Name of School	Name of Program/Degree/Certificate	Completed
❑ High School			❑ Yes ❑ No Year Graduated:
❑ GED or Adult 12			❑ Yes ❑ No Year Graduated:
❑ University			❑ Yes ❑ No Year Graduated:
❑ SBC Alumni			❑ Yes ❑ No Year Graduated:
❑ College			❑ Yes ❑ No Year Graduated:
❑ Other:			❑ Yes ❑ No Year Graduated:

VOLUNTARY INFORMATION

This information is for the use of Saskatchewan Learning. Check the areas that apply to you.

I have an ongoing disability. Because of my circumstances, I may need assistance in order to participate in my program.

- ❑ Physical Disability: _____
- ❑ Learning Disability: _____
- ❑ I have an ongoing health condition that may affect attendance.

Supporting documentation required.

I am of Aboriginal ancestry: (check one)
❑ Metis ❑ Status/Treaty ❑ Non-Status Indian ❑ Indian Inuit

Band Affiliation: _____
Contact Name: _____
Contact's Phone: ( ) _____
Treaty Number: _____

FUNDING OPTIONS

❑ Student Loan → ❑ Do you have previous Student Loans? ❑ No ❑ Yes → Are they in good standing? ❑ Yes ❑ No
❑ Personal ❑ WCB ❑ GDI ❑ Service Canada ❑ Band Funding: _____
❑ Cansask ❑ CASS ❑ Bank: Student Line of Credit ❑ Other: _____

IN ORDER TO PROCESS YOUR APPLICATION

1. An **ORIGINAL TRANSCRIPT** of your ABE 12, GED 12, or Grade 12 marks and/or your most recent post-secondary marks.
2. The Registration Fee of $50 plus this Application Form. Once enrolled, the registration fee is not refundable, but is valid for two years.

DECLARATION OF INFORMATION

SBC recognizes and respects the importance of privacy. The information of this form is collected under the legal authority of government legislation and is used for administrative/statistical purposes by authorized SBC persons requiring to perform their duties and for the purposes of determining your eligibility for alumni benefits and to administer development and alumni operations. If you have questions about the collection or use of this information, please contact the SBC Privacy Officer.

FOR OFFICE USE ONLY

Receipt No. _____ Date: _____

I hereby certify that all the information on this registration form is true and complete. I understand that false information may result in cancellation of my status as a registered student. I agree to abide by SBC rules and regulations including payment of fees.

Signature: _____

Date: _____