

# REGISTRATION FORM



Surname \_\_\_\_\_ First Name \_\_\_\_\_

Course \_\_\_\_\_ Starting Date \_\_\_\_\_ Location \_\_\_\_\_ Day(s) of Week \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (HOME) \_\_\_\_\_ Phone (BUSINESS) \_\_\_\_\_ E-mail Address \_\_\_\_\_

For Credit Course Registrations please include your birthdate, last school attended and Alberta Student Number

Last High School Attended \_\_\_\_\_ AB Student # \_\_\_\_\_ Birthdate \_\_\_\_\_

Please indicate method of payment:  Cheque\*  Visa  MasterCard

\* Please make cheques payable to Continuing Education

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_



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Course \_\_\_\_\_ Starting Date \_\_\_\_\_ Location \_\_\_\_\_ Day(s) of Week \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

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Last High School Attended \_\_\_\_\_ AB Student # \_\_\_\_\_ Birthdate \_\_\_\_\_

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**Information Disclosure:** We ask for this information in order to register you in the class that you have selected. Elk Island Public Schools' employees, Board of Trustees, and agents (eg. legal counsel) may have access to this registration information on a need-to-know basis. If you have any questions about the collection of this information, you may contact the Principal or Assistant Principal of Next Step Continuing Education at 780-467-7292.