



Kayas Cultural College

Box 360, Fox Lake, Alberta TOH 1R0

Phone: (780) 659-3760 Fax: (780) 659-3925

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kayas.lrrcn.ab.ca

Student ID:

2009 - 2010

APPLICATION FOR ADMISSION

Last Name: _____ First Name: _____ Middle Name(s): _____ Preferred Name: _____

Marital Status: Single Married #Dependents: _____ Primary Phone: _____ Secondary Phone: _____ Preferred Language: Cree English Other

LRRCN Member: Yes No Status #: _____ SIN #: _____ Gender: M F Birth Date (MM/DD/YY): _____

Mailing Address: _____ Community: _____ Postal Code: _____, AB

Emergency Contact Person: _____ Relationship: _____ Emergency Contact Phone: _____

Program Applied for: _____ Campus: JD FL GR

Any disabilities which would require special services from Kayas Cultural College? If yes, please specify.
 Yes No

Past Year's Activity: Student Labor Force Other Past Year's Income: SA EI Employ Other Previously attended KCC: Yes No

Last grade completed: _____ Year: _____ Higher Learning: _____ Year: _____

Career Goal: _____ Time Needed: _____

Notes:

Declaration of Applicant

I declare that the information given in this application is correct and complete.

I agree that all documents required for admission to Kayas Cultural College become the property of Kayas Cultural College.

Consent to Release Information

The personal information you provide on this application form is being collected to determine your eligibility for admission to a program of studies at Kayas Cultural College, to facilitate your enrollment and to document your academic progress.

I hereby consent to the use and disclosure of the personal information in this application as required for statistical, planning and funding purposes.

Signature: _____ Date: _____
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