



# *Sagkeeng Nanda-Gikendan*

*"Seeking to Learn"*

## **Adult Education Registration Form**

### **STUDENT INFORMATION**

<b>Legal Last Name:</b>	
<b>First Name:</b>	
<b>Middle Name:</b>	
<b>Date of Birth (YYYY-MM-DD):</b>	
<b>Status Number (10 Digit):</b>	

### **STUDENT CONTACT INFORMATION**

<b>Mailing Address (including postal code):</b>	
<b>Physical Address (including postal code):</b>	
<b>Home Phone:</b>	
<b>Cellular Phone:</b>	
<b>Email:</b>	

### **MEDICAL INFORMATION**

<b>MB (9 Digit) Personal Health ID:</b>	
<b>MB (6 Digit) Health Number:</b>	
<b>Health Concerns/Allergies:</b>	



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"Seeking to Learn"

## Adult Education Registration Form

### EMERGENCY CONTACT INFORMATION

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Relationship to Student:</b>	
<b>Phone Number:</b>	
<b>Cellular Number:</b>	
<b>Email:</b>	

### STUDENT PROFILE

#### Gender

Female

Two-Spirit

Male

Gender Non-Conforming

#### Language

English Speaker

French Speaker

Ojibwe Speaker

Other Language

#### Employment

Working Full Time

Not Working

Receiving Employment Insurance (EI)

Working Part Time

Not Working and not Seeking Work

Receiving Employment & Income Assistance (EIA)

#### Last Time in Education

1 to 5 years ago

11 to 10 years ago

Highest Grade Level Achieved:

6 to 10 years ago

More than 20 years ago

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date