



2020---- Course Name: _____

Registration Form

Last Name: _____

First Name: _____

Second Name: _____

Previous Last Name (if applicable): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone (home): _____

Cell Phone: _____

Email: _____

Date of Birth (YY/MM/DD): _____

In case of an emergency, whom can we contact?

Name: _____

Phone: _____

Relationship to you: _____

Consent to Disclosure

I certify that the above information is true and complete. I understand that any false or incomplete information may invalidate my application. I have read the Freedom of Information and Privacy Protection statement below. I authorize my previous educational institutions and/or the Ministry of Education to release my academic information and school record to the above mentioned college. I also authorize the release of this information to the Ministry of Training, Colleges and Universities. I authorize Canadore College to disclose academic information as required to sponsoring agencies or other adult education providers.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Freedom of Information and Protection of Individual Privacy

The personal information on this application is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19, s.5 and Regulation 770, R.R.O. 1990, s.8. The information is used for the administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. If you have any questions regarding the collection and use of this personal information, please contact the Registrar of the College.

For further information contact: Shanna Hare or Judy Manitowabi**Shanna Hare**

A/Dean of Post Secondary Education and Training

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