



LITERACY AND ADULT EDUCATION STUDENT REGISTRATION FORM

saskpolytech.ca

WHEN COMPLETED AND SIGNED, THIS DOCUMENT IS CONFIDENTIAL

Please submit your completed form to the campus you will be attending

SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.
RegInbox.Saskatoon@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus
RegInbox.Moosejaw@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Regina Campus
RegInbox.Regina@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Prince Albert Campus, Technical Building
RegInbox.Princealbert@saskpolytech.ca

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| Saskatchewan Polytechnic ID Number <u>000</u> | <input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Trans <input type="radio"/> Two-Spirit <input type="radio"/> Non Binary <input type="radio"/> Gender not specified <input type="radio"/> Prefer not to disclose |
| Last (Family) Name _____ | Birth Date Day _____ Month _____ Year _____ |
| First Name _____ | Social Insurance Number (SIN) _____ <i>This is mandatory for federal and provincial funding and reporting</i> |
| Middle Name _____ | Sask Education Number _____ |
| Former Name _____ | Language What is your Federal Official Language? <input type="radio"/> English <input type="radio"/> French |
| Permanent Mailing Address Address _____ _____ City _____ Prov. _____ Postal Code _____ Phone (home)* () _____ Phone (work)* () _____ Phone (cell)* () _____ <i>*Area Code Required</i> | Immigration and Citizenship Status What is your current citizenship status in Canada? <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Study Visa <input type="radio"/> Refugee What is your current province of residence? _____ Permanent Resident, Study Visa, Refugee Only What is your country of birth? _____ What is your country of citizenship? _____ Have you been granted the right by immigration authorities to permanently live in Canada? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown What is your date of entry? Day _____ Month _____ Year _____ or <input type="checkbox"/> Unknown |
| Email Address _____ | Marital Status <input type="radio"/> Single, Separated, Divorced, Widowed <input type="radio"/> Married, Common Law Number of dependents living at home _____ |
| Address While Attending Program (if different from above) Address _____ _____ City _____ Prov. _____ Postal Code _____ Phone (home)* () _____ Phone (work)* () _____ Phone (cell)* () _____ <i>*Area Code Required</i> | Education Equity Canadian Aboriginal Ancestry Are you of Canadian Aboriginal Ancestry? <input type="radio"/> Yes <input type="radio"/> No If yes: <input type="radio"/> Métis <input type="radio"/> Status/Treaty Indian <input type="radio"/> Non-Status Indian <input type="radio"/> Inuit OPTIONAL For statistical purposes, please provide the name of your First Nation, if applicable: _____ |
| Start Date Day _____ Month _____ Year _____ | Person with Disability Are you a person with a permanent disability? <input type="radio"/> Yes <input type="radio"/> No Note: Please book an appointment with a Saskatchewan Polytechnic accessibility services counsellor to discuss documentation of your disability; accommodations for your studies will be addressed at this appointment. |
| Program (check one) <input type="radio"/> Literacy (LTR) <input type="radio"/> Adult 10 (AD10) <input type="radio"/> Adult 12 (AD12) <input type="radio"/> GED Preparation (GED) <input type="radio"/> Language Instruction for Newcomers to Canada (LINC) <input type="radio"/> English Language Training (ELT) <input type="radio"/> Essential Skills in the Workplace (ESWP) | Visible Minority Are you a member of a visible minority? <input type="radio"/> Yes <input type="radio"/> No |
| How did you become aware of this program or course? <input type="radio"/> Counsellor or Instructor (02) <input type="radio"/> Career Day (10) <input type="radio"/> Friend or Relative (03) <input type="radio"/> Presentation (11) <input type="radio"/> Newspaper (04) <input type="radio"/> Open House (12) <input type="radio"/> Radio/TV (05) <input type="radio"/> Internet (13) <input type="radio"/> Print Materials (09) <input type="radio"/> Other (99) | Highest Prior Education <input type="checkbox"/> Completed high school diploma or equivalent (e.g., Adult 12, GED) (018) <input type="checkbox"/> Did not complete (019) <input type="checkbox"/> Completed apprenticeship training level or journeyperson (012) <input type="checkbox"/> Did not complete (013) <input type="checkbox"/> Completed other post-secondary credential (e.g., certificate, diploma, etc.) (016) <input type="checkbox"/> Did not complete (017) <input type="checkbox"/> Completed bachelor's degree or higher at other post-secondary (014) <input type="checkbox"/> Did not complete (015) <input type="checkbox"/> Completed bachelor's or higher at university (001) <input type="checkbox"/> Did not complete (002) |

You must complete and sign the next page

UPDATED JANUARY 2024 | SD-24-022



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| Main activity or activities in the 12-month period prior to this registration at Saskatchewan Polytechnic <input type="checkbox"/> Employed (01, 02, 03) <input type="checkbox"/> Unemployed (18, 19, 20) <input type="checkbox"/> Student at Saskatchewan Polytechnic in the same program (04) <input type="checkbox"/> Student at Saskatchewan Polytechnic in a different program (05) <input type="checkbox"/> Student in other post-secondary (06, 07, 08) <input type="checkbox"/> Student at a university (12, 13, 14) <input type="checkbox"/> Student in studies other than above (15, 16, 17) <input type="checkbox"/> Student in elementary or secondary school (09, 10, 11) <input type="checkbox"/> Self-employed (81) <input type="checkbox"/> Homemaker (82) <input type="checkbox"/> Unemployed/receiving Employment Insurance (83) <input type="checkbox"/> Unemployed/receiving Social Assistance (84) <input type="checkbox"/> Unemployed/not receiving Employment Insurance or Social Assistance (85) <input type="checkbox"/> Other (21, 22, 23) | Alternate/Emergency Contact Information <i>This person will be contacted if we cannot reach you by way of your contact information, or in the case of an emergency.</i> Name _____ Relationship to You _____ Address _____ City _____ Prov. _____ Postal Code _____ Phone (home)* () _____ Phone (work)* () _____ Phone (cell)* () _____ <div style="text-align: right;"><i>*Area Code Required</i></div> |
| Students' Association Disclosure: Saskatchewan Polytechnic will share your student identification number, contact and program information, as well as information about payment of student fees, including Health and Dental fees, and details of sums paid with the Students' Association office for the purpose of communicating important information about the core services of the Students' Association and determining your eligibility to access or participate in Students' Association programs and services. Acknowledgment: In signing this form, I acknowledge my consent to Saskatchewan Polytechnic's disclosure of my personal information, as outlined above. | |
| Signature _____ Date _____ | |

DECLARATION

Consent to Use and Disclose Personal Information: In accordance with *The Saskatchewan Polytechnic Act* ("the Act") and *The Local Authority Freedom of Information and Protection of Privacy Act* ("LAFOIP"), Saskatchewan Polytechnic collects, uses and discloses Personal Information to perform its duties under the Act; as permitted by LAFOIP; for administrative, marketing, financial and statistical purposes; academic programming; academic or other student counselling; taxation; determination of eligibility for benefits; development and alumni operations; providing access to services offered by Saskatchewan Polytechnic; to fulfill Saskatchewan Polytechnic's reporting obligations to federal and provincial governments; external placements that occur as part of your program; and email communications relating to marketing or promotion, market research, or user surveys about programs, services and products offered by Saskatchewan Polytechnic.

For further reference, see our Privacy Statement online (saskpolytech.ca) or contact Saskatchewan Polytechnic's Privacy Head (by mail at: 400-119 4th Ave S, Saskatoon SK S7K 5X2 or by email at: privacyhead@saskpolytech.ca).

Acknowledgment: In signing this form, I acknowledge my consent to Saskatchewan Polytechnic's collection, use and disclosure of my personal information, as outlined above. I **hereby certify** that all the information on this form is true and complete. I understand that false information may result in cancellation of my admission or status as a registered student. I agree that any misrepresentation by me may be shared with other post-secondary institutions. I agree to abide by Saskatchewan Polytechnic rules and regulations, including payment of fees.

Signature _____ Date _____

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| Program Funding Source/Sponsor | | |
| <input type="radio"/> Band Sponsored (BAND) <input type="radio"/> Career Employment Services (CES) <input type="radio"/> Community Resources and Employment (SS) | <input type="radio"/> Consolidated Grant (CGR) <input type="radio"/> Employment Assistance for Persons with Disabilities (EAPD) <input type="radio"/> Provincial Training Allowance (PTA) | <input type="radio"/> Regina Treaty/Status Indian Services (RTSS) <input type="radio"/> Workers Compensation Board (WCB) <input type="radio"/> Other _____ |

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|--|--------------|--|---|
| Home Room Teacher _____ | | Status | |
| Course Selection (please print clearly) | | <input type="radio"/> Full-Time <input type="radio"/> Part-Time | <input type="radio"/> Individual (10, 11, 20, 21) <input type="radio"/> Group (05, 06, 07, 08) |
| PERIOD | CLASS | TEACHER | CRN |
| AM | 9:00–10:00 | | |
| | 10:20–11:30 | | |
| PM | 12:30–1:40 | | |
| | 1:50–3:00 | | |
| Evening | | | |
| Saturday | | | |
| Start: Finish: | | | |