



## TTR ADULT EDUCATION PROGRAM REGISTRATION FORM

Are you Status? Check all that apply

- No       Yes, I am a TTR Member      Status Number:
- Yes, I am a Member from another First Nation

### PERSONAL INFORMATION

Full Name (Legal): \_\_\_\_\_  
LAST NAME                      MIDDLE NAME                      GIVEN NAMES

Birthday (MM/DD/YYYY): \_\_\_\_\_

Address (Mailing): \_\_\_\_\_  
P.O. BOX / APT / STREET                      POSTAL CODE

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
FULL NAME                      PHONE NUMBER

### EDUCATION:

Highest Grade Completed:  12  11  10  9  8  Less than 8      GED

Previous School: \_\_\_\_\_

Past Educational Experiences (Certificates/Diplomas): \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Job Skills / Experience: \_\_\_\_\_

Talents/Hobbies/Interests: \_\_\_\_\_

**GOALS:**

Short Term Goals:  Grade 12 Diploma  Upgrading  Employability Skills  Other

Long Term Goals:  Post-secondary  Employment  Community Service  Other

Action Plan/Career Goals: \_\_\_\_\_

Difficulties that may affect my goals: \_\_\_\_\_

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**STATISTICAL INFORMATION:**

Last Attended High School:  20+ years  11-20 years  6-10 years  Less than 5 years

Gender:  Male  Female  Undeclared

Employment Status:  Full-time Employed  Part-time Employed  
 Voluntarily unemployed  Long-term disability  
 Unemployed actively seeking work  Workers compensation  
 Band funded training allowance  Self employed

Family Status:  Single, no children  
 Single parent of children under the age of 6  
 Married/Common in Law with children under the age of 6  
 Other: \_\_\_\_\_

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**AUTHORIZATION:**

I \_\_\_\_\_ hereby give consent to TTR Adult Education Program to access, retrieve, and handle all matters related to my academic records on my behalf. This authorization includes, but is not limited to, the ability to request, view, and obtain copies of my transcripts, enrollment verifications, and any other documents pertaining to my academic performance.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PLEASE COMPLETE FORM AND SEND BY EMAIL TO:**  
**Don Clarke**  
**TTR Adult Education Program Manager**  
[alc@ttr292.ca](mailto:alc@ttr292.ca)