



TTR ADULT EDUCATION PROGRAM REGISTRATION FORM

Are you Status? Check all that apply

- ☐ No ☐ Yes, I am a TTR Member
☐ Yes, I am a Member from another First Nation

Status Number:

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: _____

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: _____

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: _____

PLEASE COMPLETE FORM AND SEND BY EMAIL TO:

Don Clarke

TTR Adult Education Program Manager

alc@ttr292.ca