

Please type in fields, then print and sign before submitting.

Application for Admission High School Dual Credit Programs

APPLICATION APPROVED BY School District: (to be filled in by School District rep only) **FULL LEGAL NAME (NO INITIALS)** Surname

Postal

Code

CITIZENSHIP STATUS

(Legal Last/Family name)

CONTACT INFORMATION

PERSONAL INFORMATION

Legal Given

First Name

Email Address Mailing Address

Province

		•				
	DESIRED PARTNER	SHIP PROGRA	M			
	Select one:					
	☐ TRN Carpentry		TRN Millwri	ght \square	TRN Welding	
n	☐ CTC CADD		TRN Piping		TRN Other	
rams	TRN Masonry		TRN Plumbi	ng \square	Delta Farm Roots	
	Langley XCEL High School on Campus				inal High School npus	
y)	Start Term:	Spring	Summer	Start Year:		
				· <u>'</u>		
		Former Surname	e			
Legal Given Preferred			Preferred First Name			
			Preferred nan	ne is displayed in KPU's	s e-learning environment	
			City / Munici	nality		
	Home Telephone		, manner	Cellular/Mobile Phone		
STATUS				OPTIONAL		
enship				person is identified as	boriginal student success. An Ab s "an Indian, Métis or Inuit perso n Act of 1982, Part II, Section 35(on of
1				I wish to be ide	ntified as an Aboriginal person.	
us*				statistical purposes w	identify as an Aboriginal person re invite you to select one or mo st describes your Aboriginal ider	re of the
nadian Citize	en			—		

*Gender	Country of Citizenship	KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of
	First Language	Canada" [Constitution Act of 1982, Part II, Section 35(2)].
DD MM YYYY	Country of Birth	I wish to be identified as an Aboriginal person.
required for you to access the online student system and for identification purposes.	Citizenship Status* Canadian Citizen Permanent Resident (landed Immigrant) Approved Convention Refugee Minister's Permit Diplomat or Dependent Not a Citizen of Canada *Legal documentation may be required	If you have chosen to identify as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity: Indian/First Nations (include Status, non-Status, Treaty and non-Treaty) Métis Inuit Please contact me regarding Aboriginal student support and services

Surname Legal Given (Legal Last/Family name) First Name Telephone	EMERGENCY CONTACT				
	Surname (Legal Last/Family name)	Legal Given First Name	Telephone		

ADDITIONAL INFORMATI	ON	
I am requesting information on s	student services related to:	
Illness or disability	Students with children	Scholarships and financial assistance

SECONDARY SCHOOL EDUCATION (HIGH SO	CHOOL)			
When will you graduate from Secondary (High) School?	Personal Education Number (BC	C only)		
School Name				
Location				
LEGAL				
cancellation of my admission or registration status and that	d complete and that no information has been withheld. I understand at falsifying documents or information on the application may result in on permits Kwantlen Polytechnic University to request and/or confirm	n immediate permanent	dismissal from Kwantlen	
	thool interim and final grades by the British Columbia Ministry of Edun Inyself with and to abide by the most current policies of the University			
In signing this application for admission, I understand that this information, along with subsequent information placed in my student records will be used for the purposes of admission, registration, graduation, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies and dual enrolment partners. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their Application for Admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on the admission form is being collected under the authority of the University Act.				
Signature:	Date:			
FOR OFFICE USE ONLY (Do not write in shad	ed areas)			
Date	Entered By:		Initials	
Comments				
		KPU Student ID#		
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