APPRENTICESHIP REGISTRATION FORM

YOUTH TRAIN IN TRADES

Apprentice Services

KPU Cloverdale, Surrey, Richmond and Langley
www.kpu.ca/apprentice

KPU Student No: ***(office use only)***

_____

PERSONAL INFORMATION

Surname (Legal Last/Family name)	Former Surname (if applicable)

Legal Given **First** Name	Legal Given **Middle** Name	Preferred First Name

*Gender: ☐ MALE ☐ FEMALE

*Date of Birth: DD / MM / YYYY

**Gender and date of birth are required for access to the online student system and for identification purposes.*

Citizenship: *Please check one of the following:*

- ☐ Canadian Citizen
- ☐ Permanent Resident (landed immigrant)
- ☐ Approved Conventional Refugee
- ☐ Minister's Permit
- ☐ Diplomat or Dependent
- ☐ Not a Citizen of Canada

KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Metis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35 (2)].

☐ I wish to be identified as an Aboriginal person.

If you have chosen to be identified 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)
- ☐ Metis
- ☐ Inuit

STUDENT INFORMATION

Mailing Address			
City / Municipality	Province/ State	Postal Code	Country

Email address	Home Telephone	Cellular/Mobile Phone

High School Name:	PEN Number:	Expected Date of Graduation:

EMERGENCY CONTACT

Surname (Legal Last/Family Name)	Legal Given First Name	Telephone

ITA Individual ID Number:(if available)	Apprenticeship Program: ☐ YTT Automotive Level 1 ☐ YTT Horticulture Level 1

I certify all statements on this form are true and complete and no information has been withheld. I understand any misrepresentation of this information may result in the cancellation of my registration status and falsifying documents or information may result in immediate and permanent dismissal from the University. Completion of this signed form permits KPU to request and/or confirm any information necessary to support my registration. I agree to familiarize myself with and abide by the most current policies of the University during my tenure as a student. In signing this declaration, I understand this information along with subsequent information placed in my student record will be used for the purposes of registration, research, student association and other purposes consistent with the mandate of the university. KPU reserves the right for the Registrar to share information with applicable Ministries, government agencies, the Industry Training Authority, and/or your employer. KPU also reserves the right for the Registrar to share information with other post-secondary institutions in situations where a student has been found to have falsified documents or other information. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information being collected on this form is being collected under the authority of the University Act.

Signature: _____ Date: _____

OFFICE USE ONLY

Received by:	Date:	School District:

REGISTRATION

CRN	Start Date