

When completed and signed, this document is confidential

<p>SIAST ID Number: _____</p> <hr/> <p>Last Name _____ First & Middle Names _____ Former Names _____</p> <hr/> <p>Program _____</p> <hr/> <p>Permanent Mailing Address</p> <p>City _____ Prov. _____ Postal Code _____ Phone (home) _____ Phone (work) _____</p> <hr/> <p>Address While Attending Program (if different from above)</p> <p>City _____ Prov. _____ Postal Code _____ Phone (home) _____ Phone (work) _____</p> <hr/> <p>Social Insurance Number (SIN): _____</p> <hr/> <p>Check One <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date Day _____ Month _____ Year _____</p> <hr/> <p>Citizenship Status (check one)</p> <p><input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident or Landed Immigrant Country of Citizenship (if not Canadian) _____</p> <hr/> <p>Marital Status (check one)</p> <p><input type="checkbox"/> Single Separated, Divorced, Widowed <input type="checkbox"/> Married, Common Law Number of dependents living at home _____</p> <hr/> <p>Saskatchewan Health Services Number _____</p> <hr/> <p>Start Date _____ Location _____ Sponsor _____ Regional College/Agency (if applicable) _____</p>	<p>Emergency Contact</p> <p>Name _____ Relationship to You _____ Address _____ City _____ Prov. _____ Postal Code _____ Phone (home) _____ Phone (work) _____</p> <hr/> <p>In the 12 months prior to this registration at SIAST were you mainly residing: (check one)</p> <p><input type="checkbox"/> in Saskatchewan <input type="checkbox"/> in another province <input type="checkbox"/> outside Canada</p> <hr/> <p>Main activity in the 12-month period prior to this registration at SIAST (check one)</p> <p><input type="checkbox"/> Working (01, 02, 03) <input type="checkbox"/> Unemployed/Looking for work (18,19,20) <input type="checkbox"/> Full-time student at SIAST in the same program (04) <input type="checkbox"/> Full-time student at SIAST in a different program (05) <input type="checkbox"/> Full-time non-SIAST student in a two-year diploma or a one-year certificate program (06, 07, 08) <input type="checkbox"/> Full-time student elementary or secondary school (09, 10, 11) <input type="checkbox"/> Full-time student in a university program (12, 13, 14) <input type="checkbox"/> Full-time student in studies other than above (15, 16, 17) <input type="checkbox"/> Other (21, 22, 23)</p> <hr/> <p>Highest Prior Education Experience (check one)</p> <p><input type="checkbox"/> Completed university (001) <input type="checkbox"/> Previously enrolled in university but did not complete (002) <input type="checkbox"/> Previously enrolled in a two-year diploma program (003) <input type="checkbox"/> Previously enrolled in a two-year diploma program but did not complete (004) <input type="checkbox"/> Completed a certificate program (005) <input type="checkbox"/> Previously enrolled in a certificate program but did not complete (006) <input type="checkbox"/> Completed high school or Adult 12 (007) <input type="checkbox"/> Completed GED (008) <input type="checkbox"/> Completed some high school (009) <input type="checkbox"/> Completed elementary school (010) <input type="checkbox"/> Did not complete elementary school (011)</p> <hr/> <p>How did you become aware of this program or course?</p> <p><input type="checkbox"/> Counsellor or Instructor (02) <input type="checkbox"/> Career Day (10) <input type="checkbox"/> Friend or Relative (03) <input type="checkbox"/> Presentation (11) <input type="checkbox"/> Newspaper (04) <input type="checkbox"/> Open House (12) <input type="checkbox"/> Radio/TV (05) <input type="checkbox"/> Other (99) <input type="checkbox"/> Print Materials (09)</p>
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<p>Course List List or confirm the courses that you are taking (to be completed by students taking less than 100% of the courses in a term or semester). Extension students should also list the Section Code.</p>							
Code	Number	Section	Course Title	Code	Number	Section	Course Title

Please also complete and sign the next page.

Declaration: SIAST recognizes and respects the importance of privacy. The information on this form is collected under the legal authority of the SIAST Act (1996) and the Local Authority Freedom of Information and Privacy Act. The information on this form is used only for administrative and statistical purposes by SIAST or persons authorized by SIAST who require it to perform their duties under the Act, and for the purposes of determining your eligibility for alumni benefits, to administer development and alumni operations, and to administer the student health and dental insurance plan. If you have any questions about the collection or use of this information, please contact the SIAST Freedom of Information Coordinator.

I hereby certify that all the information on this registration form is true and complete. I understand that false information may result in the cancellation of my status as a registered student. I agree to abide by SIAST rules and regulations, including payment of fees.

Date: _____ Signature: _____



Completing the SHADED section is voluntary

Check as many of the three shaded areas as apply to you.
For further information please refer to the SIAST Education Equity brochure.

I have a permanent disability. Because of my circumstances, I may need assistance in order to participate in my program.

I am a member of a visible minority (4)

I am of Aboriginal ancestry. (check one of the following)

Metis (1)

Non-Status Indian (2)

Status/Treaty Indian (3)

Inuit (5)

Declaration: I hereby certify that all the information provided above is true and complete. When completed and signed, this document is confidential.

Date: _____

Signature: _____