



Mission: To inspire lifelong learning and leadership through experience, excellence and innovation.
Vision: Transforming the future through innovative learning.
Values: We value learner success, integrity, respect, community, excellence and innovation.



STUDENT REGISTRATION

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is used in the normal course of college operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

CONTRACT NUMBER OR FILE NUMBER Please print clearly.

PERSONAL INFORMATION Please print clearly.

Middle name and date of birth are required for accurate records management. Results will not be released if the following information is not provided.

Please indicate: Male Female Other

Surname

First Name

Middle Name

Maiden / Former Name (if applicable)

Date of Birth (mm/dd/yyyy)

Student ID#

Mailing Address

Town / City

Province

Postal Code

Email

Business Number

Cell Number

PRIOR TRAINING Please print clearly.

Have you ever taken training with Lakeland College, the Alberta Fire Training School or fire etc.?

Yes No

If so, what year?

DECLARATION OF APPLICANT Please print clearly.

I HEREBY AUTHORIZE LAKELAND COLLEGE TO RELEASE MY TRANSCRIPT AND/OR CERTIFICATE TO THE HOST DEPARTMENT/EMPLOYER.

I certify that all statements made in connection to this document are true and complete in all respects and no relevant information has been withheld. If admitted, I agree to comply with all rules and regulations of the Emergency Training Centre.

I have read and understand all the above statements.

Applicant's Signature

Date

**THIS INFORMATION IS USED TO TRANSCRIPT YOUR EXAMINATION RESULTS FOR CERTIFICATION.
PLEASE RETURN WITH INSTRUCTOR PACKAGE TO LAKELAND EMERGENCY TRAINING CENTRE.**