



# Course Registration & Statement of Account Form

Six Nations Polytechnic  
PO Box 700, 2160 Fourth Line  
Ohsweken ON N0A 1M0  
reception@snpolytechnic.com

Continuing Education / General Interest (CE/GI)

Brantford Campus  
411 Elgin St  
Brantford ON N3S 7P5

## Personal Information:

Legal Surname		First Name		Middle Name(s)	
Street # / PO Box # / RR #		City		Province	Postal Code
Home Telephone #	Work Telephone #	Emergency #	m m	d d	y y y y
			Date of Birth		
Band Name	10-digit Band No.		Email Address		

## Registration

<b>Course:</b>	<b>Personal Sustainability Life Skills Course</b>
<b>Instruction:</b>	Tuesday & Wednesday, July 10 – August 22, 2018 (7 weeks)
<b>Time:</b>	9:00am – 4:00 pm
<b>Location:</b>	Six Nations Polytechnic's Brantford Campus, 411 Elgin Street

### Declaration:

*I confirm that I will be in attendance for the classes I have designated. I understand that I am required to give written notification for withdrawal from any course for which I am registered.*

Applicant's Signature	Application Date:
-----------------------	-------------------



# Consent to Request and Release Information

Six Nations Polytechnic  
PO Box 700, 2160 Fourth Line  
Ohsweken ON N0A 1M0  
reception@snpolytechnic.com

Brantford Campus  
411 Elgin St  
Brantford ON N3S 7P5

_____	_____	_____
Legal Surname	First Name	Middle Name(s)
_____	_____	_____
Social Insurance Number	Academic Student #	Date of Birth (mm/dd/yyyy)
_____		_____
Home Address		Telephone #
_____		_____
Academic Address (if different from above)		Telephone #

### Consent to Request Information

I, \_\_\_\_\_, provide my consent, as may be required by statute, to allow Six Nations Polytechnic to request copies of information from educational and employment and training institute(s); federal, provincial and Six Nations government offices/agencies. This consent allows Six Nations Polytechnic to verify information.

### Consent to Release Information

I, \_\_\_\_\_, provide my consent, as may be required by statute, to all Six Nations Polytechnic to release information and provide copies of documentation to educational and employment and training institutes(s) and federal, provincial and Six Nations government offices/agencies. This consent allows Six Nations Polytechnic to provide information pertaining to my enrolment.

### Signatures

This signed consent is valid until \_\_\_\_\_ August \_\_, 2020.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

### Consent to Marketing

please check (✓) to consent

Pictures will be taken during the program and may be used for future promotional materials. I voluntarily provide my consent to use my name and image, in perpetuity, to promote Six Nations Polytechnic. By consenting, I realize that I will not receive remuneration for the above.

<b>Office Use Only</b>		
Forms of Photo Identification:	___ Indian Status Card	Verified by: _____
	___ Driver's License _____	
	___ Other (Specify) _____	