



Schedule C Additional Qualification
Teaching First Nation, Métis & Inuit Children

Application Form

Last Name: _____ **First Name:** _____ **Middle Name(s):** _____

Mailing Address: _____

E-mail Address: _____

Date of Birth: _____

(dd / mm / yyyy)

Telephone: _____ Alternate Phone Number: _____

Band Name: _____ 10 Digit Band #: _____

OCT Registration #: _____

OCT registration is required to earn credit.

Payment Method Please select <input checked="" type="checkbox"/> one of the following: \$685		
<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Debit	
<input type="checkbox"/>	Credit Card	Auth#: _____ Initial _____
<input type="checkbox"/>	Other	

Amt Rec'd: _____	SNP Receipt # _____	Initial _____
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***I declare that all information provided by me on this form is accurate and complete.
I confirm that I will be in attendance for the classes as designated. I understand that my course marks will not be released until full payment of tuition has been received, if applicable.***

Applicant Signature: _____ **Date:** _____

CONSENT FORM

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 31** , 20**18**.

Dated this _____ day of _____, 20__.

Signature