



GITKSAN WET'SUWET'EN EDUCATION SOCIETY

APPLICATION FOR ADMISSION

Personal Information (Please Print Clearly)

Last Name:		First Name:			Middle Name:	
Permanent Address:						
Address:						
City:		Province:		Postal Code:		
Local Address:						
Address:						
City		Province		Postal Code:		
Personal Information						
Telephone:		Busi/Mess. #:		Other Telephone:		
Date of birth		Social Insurance Number:		Gender:		
/ / MM/DD/YYYY				Female / Male		
Nation:		Status Number:		Education Coordinator:		
Gitksan		Wet'suwet'en		Non- Native		Other:
Sponsor/Band Name:		Status Number:		Education Coordinator:		
In case of Emergency Contact:						
Name:				Telephone:		
Program you are applying for:				Start Date:		
I would prefer to study:				BC Personal Education Number: (if known)		
Full-time () Part-time ()						
Is transportation required? YES / NO				Place of residence:		

EDUCATIONAL INFORMATION

Secondary (Submit an Official Transcript from your high school. Students who are currently attending high school must submit an Interim transcript)

Last Secondary School:	School District:	Province	Date Last Attended (Mo/Yr)	Last Grade Completed

Previous Post-Secondary (Submit Transcripts)

Institution(s)	Location	Program	Last Date(s) Attended

For more information regarding education and training check our website at

www.gwes.ca

PROCESSING OF YOUR APPLICATION WILL BE DELAYED UNTIL ALL REQUIRED DOCUMENTATION IS RECEIVED.

GENERAL INFORMATION

Contact Gitksan Wet’suwet’en Education Society for information about educational and training program services for students.

Gitksan Wet’suwet’en Education Society may announce the names of students and use their photographs in marketing and communication materials. Students with privacy concerns are urged to advise Systems Administrator at the earliest possible time.

DECLARATION

1. The information in this application is to the best of my knowledge, complete and correct.
2. I agree to follow the rules and regulations of the Gitksan Wet’suwet’en Education Society.
3. I understand that both the information provided and any information placed on my student record will be protected and used in compliance with Bill 50 Freedom of Information and Protection of Privacy Act (1992) and the operations of the School. Information collected and maintained as part of my student records is collected under the authority of the Colleges and Institutions Act.

Signature by the Applicant (If over the age of 19)

DATE: _____

Signature of the Parent/Guardian (If under the student is under the age of 19)

DATE: _____

PLEASE SEND COMPLETE APPLICATION FORM AND FEE TO:

Gitksan Wet’suwet’en Education Society
Attention: Judy Wesley (Systems Administrator)
 PO Box 418
 Hazelton, BC V0J 1Y0
 Phone: (250)842-0216
 Fax: (250)842-5230