



**Custodial Services Training
PROGRAM REGISTRATION FORM**

LEGAL LAST NAME:		LEGAL FIRST NAME:	
FORMER LAST NAME(S):			
ADDRESS:		POSTAL CODE:	
PHONE #:		BIRTHDAY(YYYY-MM-DD):	
EMAIL:			
GENDER:	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>	NOT DISCLOSED <input type="checkbox"/>
SELF IDENTIFIED <input type="checkbox"/>			
LAST HIGHSCHOOL ATTENDED:			
WHERE DID YOU HEAR ABOUT THE PROGRAM?			

DATE:	SIGNATURE:
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PLEASE EMAIL COMPLETED FORMS TO: LAURENTIAN

LEARNING CENTRE

CustodialProgramApplications@nearnorthschools.ca

Please note that programs run depending upon community need and enrollment.
Please check our website for the most up-to-date timelines for program start.
Acceptance into the program is dependent upon the intake process as outlined on our website.