



**Woodland Cree First Nation
Post-Secondary Application form**

General Delivery
Cadotte Lake, AB TOH 0N0
Tele: (780) 629-3803 Fax: (780) 629-3898

NEW STUDENT _____ RE-ENROLLMENT _____ CONTINUING _____

SECTION ONE: STUDENT INFORMATION

Client Name: _____ / _____ / _____ S.I.N #: _____ / _____ / _____
LAST INITIAL FIRST

CURRENT ADDRESS: _____ POSTAL CODE: _____

PERMANENT ADDRESS: _____ POSTAL CODE: _____

D.O.B.: ____ / ____ / ____ TREATY NO: 474 EMAIL: _____
YY MM DD

Phone: _____ Cell: _____

SECTION TWO: FAMILY STATUS

YOUR FAMILY STATUS: SINGLE _____ MARRIED/COMMON LAW _____

NAME (First & Last)	RELATIONSHIP	AGE

PLEASE INCLUDE A COPY OF THE CCTB INDICATING CHILDREN UNDER YOUR CARE

SECTION THREE: IN CASE OF EMERGENCY

Next of Kin:
Relationship:
Address:
Telephone: ()

CONTRACTUAL AGREEMENT:

This Agreement is in regards to the Woodland Cree First Nation Training Course that is held in _____, Alberta which is slated to start on the ____ day, on the month of _____, 20____ and which is ending on the ____ day on the month of _____, 20____.

I _____ agree to the following conditions that are stated before me and understand that I am responsible in attending each and every day that is scheduled or that this training course is held. These are the conditions that have been set before me by the Woodland Cree First Nation #474, Post- Secondary.

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- If for any reason (unless it is medical) that I do not complete the course I will not qualify for any other kind of training support for a period of 1 year starting from the date of withdrawal from the course.
 - I will not be under the influence of any drugs or alcohol during class hours and understand that if I am found to be under this condition that I will be terminated.
 - I understand that if I do not complete the course I will be responsible for repaying all or any allowance expense that has been paid to me by the Education Department during the time of the course.
 - I understand that if I fail to participate in the courses I will be terminated, but if the reason for absence is related to a family emergency or for medical reasons that this shall be accepted with written notice or confirmation if the reason is viable.
 - The allowance in which I will be receiving will be based also on attendance and lateness and understand that I will be deducted if I do not comply with these reasons.

Signed: _____

Date: _____



Woodland Cree First Nation #474
General Delivery, Cadotte Lake, AB T0H 0N0
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AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

PERSONAL DATA

NAME: _____

STUDENT ID NUMBER: _____

EDUCATIONAL INSTITUTION: _____

PROGRAM/COURSE: _____

YEAR: _____

Please release my information regarding educational progress, financial information relating to payment of tuition, fees and admission/withdrawal status to the Post-Secondary staff.

This information is to be given to the following only:

1. _____

2. _____

I give my consent/permission for the disclosure of this information voluntarily. I am aware that I may revoke my consent at any time by doing so in writing to the College or to my sponsoring agency Woodland Cree First Nation #474 Post Secondary Department.

Student: Print name Signature Date

Witness: Print name Signature Date



EDUCATION DEPARTMENT
Woodland Cree First Nation #474
General Delivery, Cadotte Lake, AB T0H 0N0
(780) 629-3803 Fax (780) 629-2627 ex 115

Sponsorship Waiver for Universities/Colleges

I, _____ student ID# _____
Name of student

Authorize _____ in
Name of Institution

_____ to release to my sponsoring
Name of City/Town
agency, Woodland Cree First Nation Education

Department, information regarding my attendance,
academic status, and transcripts for the approved period

Of study from, _____, 2____ to _____, 2____

Student signature

Date