



# LAKELAND COLLEGE

Our **MISSION** To inspire our learners to realize their individual potential.  
Our **VISION** To achieve educational excellence in a people-centred environment.  
Our **VALUES** are Respect, Safety, Trust, Pride, Ethics, Quality and Accountability.

## CREDENDA REGISTRATION

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Previous Name (if applicable) \_\_\_\_\_

Birthdate (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Female  Male

First Language:  English  Other, list \_\_\_\_\_ (please note the English Language Proficiency requirement may apply)

If you wish to declare that you are an Aboriginal person please specify:

Status Indian/First Nations  Non-status Indian/First Nations  Metis  Inuit

### Permanent Address

Mailing Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Town/City \_\_\_\_\_

Province \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Program Information

Business Administration certificate

I am applying to begin studies: (mm)\_\_\_\_\_ (yyyy)\_\_\_\_\_

Early Learning and Child Care certificate

Early Learning and Child Care diploma

Have you attended Lakeland College in the past?  Yes  No

Educational Assistant certificate

If yes, what program \_\_\_\_\_

Office Administration certificate

Year of attendance \_\_\_\_\_

### High School Information

Last High School attended \_\_\_\_\_

Town/City: \_\_\_\_\_

Province: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Last year attended: \_\_\_\_\_

Transcript is:  Enclosed  Forthcoming

Requesting Mature Status Admission

(entrance testing in English or Math)

**Freedom of Information/Protection of Privacy** Lakeland College complies with the Freedom of Information and Protection of Privacy Act of Alberta. Information collected on this application form is used in the normal course of College operations in accordance with this legislation. For details on how this information is used, please refer to the Lakeland College calendar. Alberta Learning collects Aboriginal person status pursuant to section 33© of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness and develop policies, programs and services to improve Aboriginal learner success in addition to other legislation applicable to the educational institution. Contact the office of the Director, Aboriginal Policy, Policy Sector, Alberta Learning, Edmonton, AB (780) 427-8501.

**Declaration of Student** I agree to comply with all rules and regulations of the College. I hereby verify that all information contained on this form is true and complete in all respects, and that no relevant information has been withheld. If admitted to a collaborative program, I will also abide by the rules and regulations of the collaborating institution. I give permission to the collaborating institutions to exchange my records.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_