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Student Last Name		Student First Name	
Student Address			
City/Town		Province	Postal Code
Best Number (please select one)		Email Address	
<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Guardian (below)			
Home Number		Mobile Number	Send emails to:
			<input type="checkbox"/> Student <input type="checkbox"/> Guardian (below)
Student Date of Birth (mm/dd/yyyy)		Student Gender	
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	

Please complete the following section if the student is under 18 years old

Guardian Contact Last Name		Guardian Contact First Name	
Best Number (please select one)		Email Address	
<input type="checkbox"/> Home <input type="checkbox"/> Mobile			
Home Number		Mobile Number	Alternative Number (Emergency)

Course Name & ID#	Section	Hrs/Wks	# of Wks	Start Date	Instructor name if known (instr. must initial for private lessons)
<i>More Classes to be added before last day to register? (please check)</i>					

I certify that the above information is correct to the best of my knowledge. The personal information collected on the form and other personal information collected and maintained as part of a student record will be used for the purposes of admission, registration, issuing tax receipts, and for College research and planning. IN signing the form, a student consents to disclosure of personal information to the Medicine Hat College Students' Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Innovation and Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes. *The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.* For any registration issues, please contact the Registrar's Office at 403-529-3844

SIGNATURE _____

Parent if student under 18 years of age

Date _____

OFFICE USE AREA	PREVIOUS CONSERVATORY <input type="checkbox"/> YES <input type="checkbox"/> NO	STUDENT ID: _____
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