



Gitwangak Education Society

90 College Road, PO Box 280, Kitwanga, BC, V0J-2A0

Phone: (250) 849-5855 Fax: (250) 849-5607

GES Adult Education Program Application

Personal Information (Please print clearly and complete thoroughly)		
Last Name:	First Name:	Middle Name:
Previous/Maiden Name:	Date of Birth: MM/DD/YYYY	Gender: Please Circle <div style="text-align: center;">Male Female</div>
Permanent Address:		
Address:		
City:	Province:	Postal Code:
Contact Information:		
Telephone:	Cell Phone:	Email:
Social Insurance #:	Care Card #:	Personal Education #:
Do you identify yourself as an Aboriginal Person: (Please Circle) Yes No		
If Yes, are you (select one or more) First Nation Status Non-Status Inuit Metis		
Band Name/Sponsor (If applicable):		Status #:
Proof of Identity—List Identification here: (Administration—please photocopy for student records)		

In Case of Emergency

Signature

Date