

REGISTRATION

IMPORTANT
• PRESS FIRMLY
• DO NOT WRITE IN SHADED ZONE
• WRITE IN SQUARE LETTERS
• ANSWER ALL SECTIONS

REGISTRATION #	SESSION F- W- S-
PERM. CODE	

A. APPLICANT IDENTIFICATION

LAST NAME	FIRST NAME
DATE OF BIRTH y m d	SEX M F
MOTHER TONGUE 1 FRENCH 2 ENGLISH 3 OTHER	SOCIAL INSURANCE NUMBER
LANGUAGE AT HOME 1 FRENCH 2 ENGLISH 3 OTHER	PLACE OF BIRTH :

B. PERMANENT ADDRESS

NO.	STREET	APT. NO.
CITY	PROVINCE	POSTAL CODE
TEL. # HOME	TEL. # WORK	EXT.
OTHER		

C. OTHER INFORMATION

RESIDENCE	LEGAL STATUS OF RESIDENCE IN CANADA	CITIZENSHIP	IF NON-CANADIAN SPECIFY YOUR STATUS:	OCCUPATION LAST 6 MONTHS
☐ QUEBEC	☐ CANADIAN	1 ☐ CANADIAN	4 ☐ PERMANENT RESIDENT	☐ STUDIES
☐ ELSEWHERE IN CANADA	☐ OTHER	2 ☐ NATIVE	5 ☐ STUDENT VISA	☐ WORK
☐ OUTSIDE CANADA		3 ☐ INUIT	6 ☐ OTHER	☐ OTHER
FATHER'S NAME (EVEN IF DECEASED)		MOTHER'S NAME (AT BIRTH EVEN IF DECEASED)		
FATHER'S FIRST NAME		MOTHER'S FIRST NAME		

D. PREVIOUS STUDIES

☐ BELOW SECONDARY 5	☐ GRADE 12	☐ SECONDARY 5 (professional)
☐ GRADE 11	☐ SECONDARY 5 (general)	☐ OTHER :
HAVE YOU EVER TAKEN COURSES IN A CEGEP ? ☐ YES ☐ NO		
IF YES, NAME THE CEGEP :		

E. WORK INFORMATION

EMPLOYER'S NAME	Job title
ADDRESS	
CITY PROV. POSTAL CODE	E-mail

F. REGISTRATION & COURSE CHOICE/S

Title of the program : #			Admittance fees	\$
			Registration fees	\$
			Related fees	\$
			Academic fees	\$
				\$
				\$
				\$
				\$
				\$

I RECOGNIZE THAT THE INFORMATION ABOVE IS ACCURATE AND I AUTHORIZE THE CEGEP TO VERIFY THE ANNEXED DOCUMENTS PERTAINING TO THIS REGISTRATION.

WHEN ADVERTIZED COURSES ARE GIVEN BY THE CEGEP, THERE WILL BE NO REFUND AFTER THE DEADLINE.

Cheque	Cash	TOTAL \$
☐	☐	

STUDENT SIGNATURE

DATE

Cegep / authorized signature