

## **GITKSAN WET'SUWET'EN EDUCATION SOCIETY**

4125 River Road, Box 418, Hazelton, BC V0J 1Y0 Phone: 250-842-0216 Fax: 250-842-2219

## **GWES / FNHS Education Application**

Personal Information (Please print clearly and complete this form thoroughly)								
Last Name:	First Name:	Middle Name:						
Last Name.	i list Name.	iviluale Ivame.						
Previous/Maiden Name:	Date of Birth:	Gender: ☐ Male ☐ Female						
Trevious/Walder Hame.	Date of Birth.	Gender. D Male D Female						
Permanent Address:								
Address:								
Address.								
City:	Province:	Postal Code:						
Cy.								
Contact Information:								
Telephone:	Cell Phone:	Email Address:						
reliaphone.	Con Friend.	Email / tadioco.						
Social Insurance Number:	Care Card Number:	PEN (Personal Education Number):						
	Coolai modiano i tamboi.							
Do you identify yourself as an Aborigin	nal person:							
If yes, are you (select one or more): ☐ First Nation Status ☐ Non-Status ☐ Inuit ☐ Métis								
Band Name/Sponsor (if applicable):	Status Number:							
Proof of Identity—List ID here: (Administration—please photocopy for student records)								
IN CASE OF EMERGENCY								
Contact Information:								
Name:	Telephone:	Relationship:						
Name:	Telephone:	Relationship:						
Tano.	i diopinone.	relationerilp.						
Name:	Telephone:	Relationship:						
Medical Conditions (if yes, please describe below)								
Do you have any allergies or medical conditions:  Do you have any special needs:								
OFFICE USE ONLY								
Application Received By:	Date:							
Application Processed By:	Date:							

## **HIGH SCHOOL EDUCATION**

Note: Official high school transcripts must be forwarded from the high school for admission to be granted

School Information:							
Name of School:			City:			Province:	
Last year attended: MM/YYYY Did		Did you graduate:	☐ Yes ☐ No		If yes, Gra	aduation Year:	
POST-SECONDARY EDUC	ATION	-			1		
Note: Official post-secondary tr		must be forwarded from	om the inst	itution for	transfer cre	edit to be granted	
University or College From (MM/)		om (MM/YYYY)	To (MM/YYYY)			Program	
photographs of enrolled studen notify the GWES Systems Adm DECLARATION  I declare that the information falsification of any document so of this application permits the inadmission.	inistrator i I have su ubmitted i	when applying for adi	mission.  cation is cation is cation is cation is cation is care.	omplete a	and correct.	. Omission of information on or registration. Completion	
I understand that the informatic collected under the authority of and used in compliance with t internal administration of admi planning, and other fundamen community.	the collection the B.C. For sistems of the second the s	ge and institution act. Freedom of information gistration, grade notif	All informa on and pro ication, inc	tion conta tection of come tax	ined in stud privacy ac receipts, av	dent records will be protecte t (1992). It may be used fo wards, institutional research	
I understand that this application Admission is subject to provisi and space availability. If admitt Education Society, including the	ion of all ted, I agre	requested documents se to abide by the es	s and asse tablished r	essments, ules and i	completion	of admission requirements	
Signature							