



Enrolment Form for Apprenticeship Technical Training

Student Services

Phone: 1-888-822-2250 or 780-539-2997

GPRC Grande Prairie - Fax: 780-539-2081 Mail: Student Services, GPRC 10726 – 106 Ave, Grande Prairie, AB, T8V 4C4

GPRC Fairview - Fax: 780-835-6788 Mail: Student Services, GPRC P.O. Bag 3000, Fairview, AB T0H 1L0

Legal First Name		Apprentice ID	GPRC ID		
Legal Middle Name					
Legal Last Name		Trade		Year	

Employer's Name/Address

Business Name	
Mailing Address	
City/Province	
Postal Code	
Business Phone	
Fax Number	
Email Address	

Apprentice's Name/Address

Preferred Name (if different from above)	
Mailing Address	
City/Province	
Postal Code	
Home Phone	
Cell Phone	
Email Address	
Birth Date mm/dd/yyyy	

NOTE: Any missing information may cause a delay in processing your enrolment application.

CLASS REQUESTED: Refer to 'Apprenticeship Technical Training Schedule'

Class Dates (Start/end dates)	First Choice	<input type="text"/>	Class Code	<input type="text"/>
	Second Choice – if first choice not available	<input type="text"/>		<input type="text"/>

Students with disabilities

I would like information about services for students with disabilities or serious health conditions.

Apprentice Signature: _____ **Date:** _____

Notification: The personal information being collected in this form will be used to enroll you in technical training and to administer your apprenticeship program. Our authority for collecting this information is section 33© of the Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25. If you have any **questions about the collection of this information, you may contact the Office of the Registrar, 10726 – 106 Ave, Grande Prairie, AB T8V 4C4, 780-539-2911 or toll free at 1-888-539-4772.**

OFFICE USE ONLY	Receipt #	Date Registered in PC
	Date Registered in ATOMS	Date Letter Sent
	Paid By :	

Method of Payment for Tuition Fees: Refer to Institute "Apprentice Enrolment Information" instruction sheet for amount of payment to be enclosed

Credit Card: Please attach with Enrolment Form:

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	Cheque _____	Money Order _____
Card Holder Name: _____			Company Purchase Order #: _____	
Card #: _____			Company Name: _____	
Expiry Date: _____			Company Address: _____	
Amount Approved: _____			Company Contact/Phone: _____	