



Registration form

Program choice: _____

Preferred start date: _____

Name: _____

Alternate start date: _____

Address: _____

Cell phone: _____

City: _____

Email: _____

Postal Code/Province: _____

Birth date: _____

Telephone: _____

SIN#: _____

Married Single

Number of children: _____

If you have dependants, who will look after them during school hours? _____

Last grade completed: _____ Post secondary education: _____

How will you fund your tuition/kit costs? Self financed student loan other (please specify) _____

Why did you choose Avant-Garde as a potential training institute? _____

What is your current occupation and why are you considering a career change? _____

Do you have any allergies or health problems that the college should be aware of? _____

Are you taking any medication the college should be aware of? _____

Do you plan to work during your training period yes no Are you: right handed left handed

Emergency contact: _____


Telephone: _____ Relationship: _____

Address: _____

How did you hear about Avant-Garde College?

- Yellow pages
- Internet
- Graduate
- Career fair
- Person in industry
- Other: _____

Signature: _____ Date: _____

Registration cheque 

High school transcript 

Registration form 

Place all the items in an envelope and mail to:

Avant-Garde College
1033-8th Avenue
Regina, SK, S4R 1E1

Or go online and fill out the registration at www.avant-gardecollege.ca

