



(Internal Use Only) Notes:

5011 - 51 Street, P.O. Box 2667, Yellowknife NT Canada X1A 2P9
Telephone (867) 873-2864 Facsimile (867) 873-5185

Adult Education Program (867) 873-5085
ADULT EDUCATION PROGRAM

(Don't Write in This Box--Internal Use Only)

Application Date: _____ Interview Date: _____
Placement Test Date: _____ Math: _____ Language Arts: _____

Application Form

(This application MUST be filled out by the Applicant**)**

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Mailing Address: _____ City/Town: _____ Postal Code: _____

(You MUST include a telephone number or email contact**)**

Telephone/Cell Contact Number: _____ Leave Message: Yes _____ No _____

E-Mail address: _____

Date of Birth: Month _____ Day _____ Year _____

Are you First Nations, Metis or Inuit? Yes: _____ No: _____ Band: _____

Number of Dependent Children: _____

Languages Spoken: _____

EDUCATION BACKGROUND

K-12 Highest Grade Completed: _____ Year: _____

School: _____ City/Town: _____

Adult Education: Level: _____ Years: _____

School/Organization: _____ City/Town: _____

Additional Courses/Programs: Year: _____

School/Organization: _____ City/Town: _____

Program: _____

EMPLOYMENT EXPERIENCE/WORK HISTORY: (Starting with the most recent)

Employer: _____

City/Town: _____

Start: _____ Year Finish: _____ Year

Job Title: _____

Employer: _____

City/Town: _____

Start: _____ Year Finish: _____ Year

Job Title: _____

Please write 1-2 sentences about why you want to attend The Tree of Peace Friendship Centre Adult Education Program.

_____ Signature _____ Date

_____ Print Name

PLEASE DROP OFF COMPLETED FORM TO THE TREE OF PEACE FRIENDSHIP CENTRE