

Email completed forms to ConEd.Registration@keyano.ca.

CONTACT INFORMATION

Last Name *		First Name *		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate (MM/DD/YYYY) *	
Address *				E-mail *			
City *	Province *	Postal Code *		Daytime Phone *	Evening Phone		
If you wish to declare that you are an INDIGENOUS person, please specify:							
<input type="checkbox"/> Status Indian/First Nations		<input type="checkbox"/> Non-Status Indian/First Nations		<input type="checkbox"/> Métis		<input type="checkbox"/> Inuit	
DATE				NUMBER OF BLOCKS PURCHASED			

Differential Aptitude Test (DAT) Tutorial Blocks			
Charge Code	Charge Code Name	Fee	Total
CEATTU100	CE DAT Tutoring Block	\$295.00 + \$14.75 GST	\$309.75
CEATTU200	CE DAT ½ Tutoring Block	\$147.50 + \$7.38 GST	\$154.88
Area of Focus: (Please specify)	Abstract Reasoning	Numerical Ability	Spelling
	Language Usage	Space Relations	Verbal Reasoning
	Mechanical Reasoning		
Student Availability: (date/time)			

English Second Language (ESL) Tutorial Blocks			
Charge Code	Charge Code Name	Fee	Total
CEESLTU100	CE ESL Tutoring Block	\$295.00 + \$14.75 GST	\$309.75
CEESLTU200	CE ESL ½ Tutoring Block	\$147.50 + \$7.38 GST	\$154.88
Area of Focus: (Please specify)	Comprehension	Listening	Speaking
Student Availability: (date/time)			

General Education Development (GED) Tutorial Blocks			
Charge Code	Charge Code Name	Fee	Total
CEGEDTU100	CE GED Tutoring Block	\$295.00 + \$14.75 GST	\$309.75
CEGEDTU200	CE GED ½ Tutoring Block	\$147.50 + \$7.38 GST	\$154.88
Area of Focus: (Please specify)	Math	Science	Social Studies
Student Availability: (date/time)			

COVID-19 Update: Government order (CMOH Order 042-2021) gives Post-secondary institutions the authority to implement a student proof of vaccination program. College leadership has reviewed this order and has implemented a student proof of vaccination program. Please see [FAQs on the College website](#) for more information.

I understand that on the date(s) of the course I will have to provide proof of vaccination.

CUSTOMER'S SIGNATURE	DATE
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Method of Payment

<input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> In Person	CREDIT CARD NUMBER	EXPIRATION DATE
	CARD ISSUED TO	SIGNATURE

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.

OFFICE USE ONLY	
Instructor Assigned	
NAME	
PROGRAM	DATE ASSIGNED

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