



**Dual Credit Application Form
Aviation Program
LEARNING SERVICES INNOVATION**



St. Peter Centre
7330-113 Street
Edmonton, Alberta T6G 1L6

STUDENT NAME:
Last Name First Name Middle Name

ADDRESS:
Street City Postal Code

Alberta Learning ID # Phone # Email Address

DATE OF BIRTH:
Month/Day/Year Previous Last name if applicable Gender

High School Attending

Date (M/D/Y)

DOCUMENTATION: Mandatory

Optional

<input type="checkbox"/> Math 10-1 Mark: _____ <input type="checkbox"/> English 10-1 Mark: _____ Enrolled in 2018-2019 School year <input type="checkbox"/> Math 20-1 <input type="checkbox"/> English 20-1	<input type="checkbox"/> Aboriginal Status (optional) Treaty #: _____ <input type="checkbox"/> Citizenship/Citizen Status #: _____
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Student Signature

Date

Please return form to Cheryl.Shinkaruk@ecsd.net

This information is collected in accordance with the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act.