

Pre-Enrolment Application

Please complete and return to the school as soon as possible.

General information							
Last Name:		First Name (Full):			M	F
Address:			City:			Postal Code:	
Cell Phone:		Birth Date:		YY -	ММ	DD -	
Home Phone:		Email Address:					
License No:		Province:		Class:		Expiry:	
Please indicate your train If Other, please specify:		AZ				Other	
When are you hoping to be Source(s) of Funding:	pegin training?		_ Mont	h		Year	
Education							
Grade Completed:	School:						
College/University:			City/Province:			* 1	
Course(s) taken:							
Medical Information							
Do you have any physica					aining?	Yes	١
If Yes , please provide det							
Do you require glasses? Yes No Name of Family Doctor:				Telephone Number:			
Address:			relepr	ione ivumi	ber		
For students who are in	terested in AZ Trainin	g					
How long have you had a	driver's license?	-	Years	i			
Has your license been su	spended in the past thre	ee (3) years?			⁄es	No	
If Yes, why?							
Have you been involved in					⁄es	No	
If Yes, why?							
Applicant Declaration							
The information set forth i	n this application is true	and complete.					
Applicant Signature				Date			