Youth Train in Trades
Registration Form

Please complete and return this form to your district career coordinator. All *mandatory fields must be completed.

A. Student Information

*Legal First Name:	Legal Middle Name (s):	***Legal Last Name**:
*Date of Birth (MM/DD/YYYY):	***Gender**: ☐ Male ☐ Female	Personal Education Number (PEN):
*Suite Number:	***Mailing Address**:	
*City:	***Province**:	***Postal Code**:
*Primary Phone Number: ( )	Secondary Phone Number: ( )	***Email Address**:

Do you agree to receiving updates via SMS to your primary phone number? ☐ Yes ☐ No

*Do you identify yourself as an aboriginal person? ☐ Yes ☐ No
First Nations ☐   Métis ☐   Inuit ☐

B. Parent/Guardian's Information

I, _____
(print surname followed by given names of **parent/guardian**)

of_____
         (street address)   (city, town)   (postal code)

Declare that:

1. I am the ☐ custodial parent ☐ legal guardian of the minor named above; and,

2. I authorize the school to release the information outlined in Sections A & B to Industry Training Authority for the purpos e of registering the student with the ITA in a Youth Trade program; and to use the registration information for statistical data.

3. I understand that I can only withdraw this consent by written request addressed to the school.

Student's Signature:	**Date (MM/DD/YYYY)**
Parent/Guardian's Signature:	**Date (MM/DD/YYYY)**
SD/Independent Board Authority Contact's Signature	**Date (MM/DD/YYYY)**

C. Program Information (To be completed by School District or Independent Board Authority)

Program Type (Select one): ☐ Level 1 ☐ Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			

The Industry Training Authority is an agency of the Government of British Columbia.

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