

*Stein Valley Nlakapamux School*



P.O. Bag 300 Lytton, BC V0K 1Z0  
1675 St. Georges Road

Phone: 250-455-2522

Fax: 250-455-2512



**2023-24 STUDENT REGISTRATION & APPLICATION**

**INSTRUCTIONS:**

1. Complete Registration / Application Form
2. Complete CAAT Assessment Test Level C
3. Provide Transcripts if Required
4. Meet with Coordinator to Review Assessment and Develop Adult Learning Plan
5. Sign ALP, Computer Use and Expectations Forms

**PERSONAL INFORMATION** – Please print

Family Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Given Names: \_\_\_\_\_ D M Y

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Children & Ages: \_\_\_\_\_

Spouse: \_\_\_\_\_

Aboriginal Ancestry

Please Check One: Status Non Status Métis Inuit

First Nation: \_\_\_\_\_ Status #: \_\_\_\_\_

PLEASE INDICATE YOUR INTERESTS: Check any that apply.

**DAY TIME** Adult Graduation \_\_\_\_\_ **EVENING** English \_\_\_\_\_

Post-secondary Upgrading \_\_\_\_\_ Math \_\_\_\_\_

Virtual Classes \_\_\_\_\_ **OTHER** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Who should be contacted in case of any emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you have any medical conditions or health problems that may affect you learning that you want SVNS to be aware of? If yes, please explain in the space below. This information is confidential and will not affect your acceptance to SVNS.

\_\_\_\_\_  
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