



KEEWAYTINOOK CENTRE of EXCELLENCE

TOLL FREE 1-877-737-5638 ext 4000
807-737-1135 ext 4000
Rm. 209, 100 Casimir Avenue
Dryden, ON P8N 3L4

FAX 807-223-8426

KCE REGISTRATION FORM - GED

Name: _____

Home address: _____

Work address: _____

Home Ph # _____ **Work Ph #** _____

Fax # _____ **Education (Grade):** _____

E-mail _____

Course Title:	Course Date:
<p>GED</p> <p><i>PHOTO ID is required with this registration.</i></p> <p><i>Please fax 1) this GED registration form, 2) the GED application, and 3) photo ID to 807-223-8426.</i></p>	

Payment can be made by cheque, cash or a purchase order for invoicing. Cancellation notification must be received prior to deadline date. Cancellation after this date will be subject to a cancellation/administration fee.

Registrant Signature

Date

For First Nations Only: BAND/COUNCIL APPROVAL _____

PRINT NAME _____

Course confirmation will only be made with Band/Council approval.