



KEEWAYTINOOK CENTRE of EXCELLENCE

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Rm. 209, 100 Casimir Avenue
Dryden, ON P8N 3L4

FAX 807-223-8426

GED REGISTRATION FORM

Name: _____

Address: _____

Home Ph # _____ Work Ph # _____

Fax # _____ Education (Grade): _____

Course Title:	Course Date:
GED	

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.