

STUDENT INFORMATION FORM



NSITEP
NORTHERN SASKATCHEWAN
INDIGENOUS TEACHER
EDUCATION PROGRAM

PERSONAL INFORMATION

Last (Family) Name	First (Given) Name(s)
Permanent Address (<i>Apartment #, Street, or Box #</i>)	
City/Town	Province
Postal Code	Country
Social Insurance Number	Health Services Number
Date of Birth (mm/dd/yyyy)	Gender (<i>Female, Male, prefer not to identify</i>)

Mailing Address (<i>Apartment #, Street, or Box #</i>)	
City/Town	Province
Postal Code	Country

Email	
Home Phone Number (include area code)	Cell Phone Number (include area code)

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Relationship	First and Last Name	
Permanent Address (<i>Apartment #, Street, or Box #</i>)		
City/Town	Province	Postal Code
Country	Phone Number (include area code)	



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INDIGENOUS ANCESTRY & AFFIRMATION

Registered Métis (MN-S) Citizenship #	Non-Registered Métis	Status	Non-Status	Inuit	Non-Indigenous
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Non-Registered Métis is selected above, please submit additional documentation to confirm identity. This letter must be from a Métis Regional or Local representative.

If Status is selected above, please indicate which First Nation Band you are registered with

Finances

How do you plan to finance your studies while attending this program? Please comment in the space below:

Have you taken out student loans before?

Yes

No

How did you hear about NSITEP?

Do you know anyone in the program?

When you imagine yourself as a teacher in the classroom, what is the age of students you are working with?

