

**STUDENT INFORMATION**

<b>STUDENT FIRST NAME:</b>			
<b>STUDENT LAST NAME:</b>			
<b>DATE OF BIRTH: MM/DD/YYYY</b>			
<b>GENDER:</b>	Male	Female	Other
<b>SIN #:</b>			
<b>PHONE NUMBER(S):</b>			
<b>EMAIL:</b>			
<b>EDMONTON ADDRESS INCLUDING POSTAL CODE:</b>			
<b>PROGRAM NAME:</b>			
<b>STUDENT ID #:</b>			

<b>DO YOU HAVE MEDICAL INSURANCE?</b>	Yes	No
If yes, please bring a copy of your medical insurance and hand in/attach to Campbell College.		
If no, medical insurance is <b>Mandatory</b> . We can help you apply and direct you.		

**EMERGENCY CONTACT INFORMATION**

<b>LOCAL CONTACT (IN EDMONTON):</b>	
<b>NAME:</b>	
<b>RELATION TO YOU:</b>	
<b>PHONE NUMBER:</b>	

<b>OTHER EMERGENCY CONTACT:</b>	
<b>NAME:</b>	
<b>RELATION TO YOU:</b>	
<b>PHONE NUMBER:</b>	

Any time you have a change of information, i.e., phone number, address, email, emergency contact, etc. it is your responsibility to let us know.