



PO Box 11403  
Lloydminster, Alberta  
T9V 3B7

**APPLICATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Previous/Maiden Name (if applicable) \_\_\_\_\_ Birth Date: M\_\_\_/D\_\_\_/Y\_\_\_ \_\_\_ Male \_\_\_ Female

First Language: \_\_\_ English Other, list \_\_\_\_\_ (English Language Proficiency requirement applies)

\_\_\_ Canadian citizen \_\_\_ Permanent resident/Landed immigrant \_\_\_ Student Visa \_\_\_ Other

Date of entry into Canada: month \_\_\_\_\_ year \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Do you require services offered to students with disability or medical needs? \_\_\_ No \_\_\_ Yes

If yes, describe \_\_\_\_\_

**Permanent Address**

Street/Avenue/Box \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home phone# \_\_\_\_\_ Bus. Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

**Alternate Contact**

Full name of contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone# \_\_\_\_\_ Bus. Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

**Family**

Parents' marital status (relative to each other): \_\_\_ Never married \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced (date \_\_\_\_\_)

With whom do you make your permanent home? \_\_\_ Parent #1 \_\_\_ Parent #2

Parent #1: \_\_\_ Mother \_\_\_ Father \_\_\_ Unknown      Parent #2: \_\_\_ Mother \_\_\_ Father \_\_\_ Unknown

Is Parent #1 living? \_\_\_ Yes \_\_\_ No (Date deceased \_\_\_\_\_ mm/yyyy)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Is Parent #2 living? \_\_\_ Yes \_\_\_ No (Date deceased \_\_\_\_\_ mm/yyyy)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

**Hobbies**

\_\_\_\_\_  
\_\_\_\_\_

**Program Information**

Entry term: \_\_\_\_\_ month \_\_\_\_\_ year

Career Interest \_\_\_\_\_

**Education**

Last high school attended: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Grade complete: \_\_\_\_\_

Year: \_\_\_\_\_

**Other Educational Information**

Last post-secondary institution attended: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Grade complete: \_\_\_\_\_

Years attended: From (year) \_\_\_\_\_ to (year) \_\_\_\_\_

Parchment received: \_\_\_ Certificate \_\_\_ Diploma \_\_\_ Degree

**Third Party Disclosure Consent (Optional)**

Do you wish to allow another person (a parent or spouse, for example) to access and/or provide information on your behalf? \_\_\_Yes \_\_\_ No

Name of authorized person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street/Avenue/Box \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home phone# \_\_\_\_\_ Bus. Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Please allow the above named person to give/receive information about me regarding (check all that apply):

\_\_\_my personal data (including addresses, phone numbers, e-mail addresses) \_\_\_my achievements at BRRC

\_\_\_my admission status \_\_\_my financial and student receivable account status

This authorization will remain in effect as long as you are an active student at BRRC. The student may request changes to this authorization by contacting the Office of the Registrar, in writing, requesting the changes.

**Yes/No/Short Answers**

- Do you have an issue with authority? \_\_\_\_\_

- What is your goal or focus now for your future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you enjoy hard work? \_\_\_\_\_

- Have you made a definite choice to improve your life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Can and do you enjoy reading? \_\_\_\_\_

- Do you have a criminal record and are you willing to have a criminal check done? (A full criminal report is required if you have a record of criminal activity; however, this does not necessarily disqualify you as an applicant.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What do you feel your purpose in life is?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are you presently dealing with or have you in the past dealt with smoking, drugs, alcohol or pornography?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration of Applicant:** I certify all statements made in connection with this application are true and complete in all respects. I understand misrepresentation, falsification of documents or withholding requested information are serious offences which will result in the cancellation of my admission and registration at Battle River Ranch Camp. If admitted, I agree to abide by the rules and regulations in existence or as amended from time to time by the Board of Directors of Battle River Ranch Camp. We are serious about you having a positive future and we hope this is your desire also.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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