



Saskatchewan Police College

ENROLMENT FORM

Agency _____

Application Information

Full name	_____	D.O.B.	_____
	<i>Last First M.I.</i>		<i>YY/MM/DD</i>
Address	_____	Phone	_____
	<i>Street address Apt/Unit #</i>		
	_____	Gender	_____
	<i>City State Zip Code</i>	<i>(Preferred Pronoun)</i>	
License #	_____	Social Ins #	_____
Email	_____		

Contacts

Next of Kin	_____	Relationship	_____
Address	_____	Telephone	_____
Contact in Case of Emergency	_____	Relationship	_____
		Telephone	_____

Educational Standing

High School Grade Completed

University Degree(s)

Other Post Secondary Education (i.e., Certificate Programs, Community College, Technical Training, etc.,)

Existing Learning Disabilities

*Are there any existing learning disabilities you would like to disclose, **that may or may not** have been diagnosed by an educational institution. If you have had previous learning accommodations to assist in your learning, please provide documentation so efforts can be made to assist you during your college experience.*