



# DieTrac Technical Institute



## Application for Admission

Send Application Via:

Email: [admin@dietrac.com](mailto:admin@dietrac.com)

Fax: 1-709-535-6101

Letter Mail: Dietrac Technical Institute, 82 Premier Drive, P.O. Box 970, Lewisporte, NL, A0G 3A0

SOCIAL INSURANCE NUMBER									

SELECT YOUR COURSE			
<input type="checkbox"/> ABE	<input type="checkbox"/> CARPENTRY	CONSTRUCTION/INDUSTRIAL ELECTRICAL <input type="checkbox"/> ENTRY <input type="checkbox"/> ADVANCED	HEAVY EQUIPMENT SERVICE TECHNICIAN. <input type="checkbox"/> ENTRY <input type="checkbox"/> ADVANCED
MILLWRIGHT (INDUSTRIAL MECHANIC) <input type="checkbox"/> ENTRY <input type="checkbox"/> ADVANCED		<input type="checkbox"/> STEAMFITTER/PIPEFITTER	WELDING <input type="checkbox"/> ENTRY <input type="checkbox"/> ADVANCED

STUDENT'S NAME			Birth Date		
SURNAME:	GIVEN NAME:	INITIAL:	Y	M	D

PRESENT ADDRESS			
STREET NUMBER:		TELEPHONE NUMBER:	
TOWN:	PROVINCE:	POSTAL CODE:	

PERMANENT ADDRESS			
STREET NUMBER:		TELEPHONE NUMBER:	
TOWN:	PROVINCE:	POSTAL CODE:	

PERSONAL DATA			
HIGH SCHOOL LAST ATTENDED:		GRADE LAST COMPLETED:	YEAR COMPLETED:
POST SECONDARY SCHOOL ATTENDED, IF ANY:		POST SECONDARY TRAINING:	
NEXT OF KIN:		TELEPHONE NUMBER:	
TOWN:	PROVINCE:	POSTAL CODE:	

INDICATE WHO PAYS YOUR TUITION (PLEASE CHECK ONE OR MORE SOURCES IF NECESSARY)			
<input type="checkbox"/> PAY YOUR OWN / FAMILY	<input type="checkbox"/> CEC / EIC / HRDC	<input type="checkbox"/> STUDENT LOAN	
<input type="checkbox"/> WORKERS COMPENSATION COMMISSION	<input type="checkbox"/> SOCIAL SERVICES	<input type="checkbox"/> EMPLOYER (PLEASE SPECIFY)	
<input type="checkbox"/> TUITION VOUCHER	<input type="checkbox"/> OTHER (PLEASE SPECIFY)		

DECLARATION
I HEREBY DECLARE THAT I HAVE COMPLETED THIS FORM ACCURATELY TO THE BEST OF MY KNOWLEDGE.
SIGNATURE OF APPLICANT: _____
SIGNATURE OF PARENT OR GUARDIAN: _____ (If applicant will not be 18 years of age before the program begins)
COMPLETE DATE: _____