## **Enrolment Form for Apprenticeship Classroom Instruction**

NOTE: This is not a Government of Alberta Form. Apprenticeship and Industry Training does not collect payments on behalf of post-secondary institutions or apprentices for classroom instruction tuition and other fees.

Apprentice's	Name:			AIT ID Number:
Trade Name:				
Sponsor's Name/Contact Information Name:		_	Apprentice's Contact Information Address:	
Address:				Apt.:
		Cit	y:	Province:
City:	Province:	Pos	stal Code:	
Postal Code:			Phone Number:	
Phone Number:			Cell Phone Number:	
Email Address:			*Email Address:	
Fax Number:			Birth Date:	
*To receive earlier/quicker communication, please include your email address.  CLASS REQUESTED:				
Post-secondar Institution Period of Clas Instruction				
	First Ch			
Class Dates	Start Date yyyy/mm/dd	End Date yyyy/mm/dd	Class Code:	
Optional Second Choice (if available at post-secondary institution)				
Class Dates	Start Date yyyy/mm/dd	End Date yyyy/mm/do	Class Code:	
Apprentices mu Government of Payment includeduring classrood	Alberta.	oks, parking, student assoc he total amount of fees ow	iation fees, facilities, and mate ing please see the post-second	
Apprentice Signature:			Date:	

Contact or forward your completed form to the appropriate post-secondary institution.