

# SAGKEENG EDUCATION AUTHORITY

## STUDENT INFORMATION SHEET

(Please Print Clearly and include Postal Code)



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MESSAGES: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

INSTITUTION ATTENDING: \_\_\_\_\_

PROGRAM ENROLLED IN: \_\_\_\_\_

LENGTH OF PROGRAM: \_\_\_\_\_

YEAR OF STUDIES: \_\_\_\_\_

EXPECTED COMPLETION DATE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**NOTE: It is your responsibility to notify S.E.A. of any changes in address and/or phone number.**