



**DIVISION OF ADULT & CONTINUING EDUCATION**

**APPLICATION/REGISTRATION FORM**

**CFBC CERTIFICATE COURSE**

**(Please attach a copy of a VALID photo ID upon submission)**

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Marital Status:** Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_

**Emergency Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Highest Level of Education:** Graduate Degree \_\_\_ Undergraduate Degree \_\_\_

Associate Degree \_\_\_ Technical/Professional Diploma or Certificate \_\_\_

CXC/GCE Certification \_\_\_ Other (Please Specify) \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Period:** From \_\_\_\_\_ To \_\_\_\_\_

**Have you taken a class with CFBC before?** Yes \_\_\_ No \_\_\_

	<b>COURSE TO BE TAKEN (PLEASE TICK)</b>	<b>REGISTRATION FEE</b>
1	Money Matters	\$640.00

**Payment Method:** Cash \_\_\_ Cheque \_\_\_ Credit/Debit Card \_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Receipt No. _____
Amount: \$ _____
Cashier's Initials: _____