221 Third Avenue North, Saskatoon, SK S7K 2H7 Phone: (306) 244-6333 or Toll Free: 1-800-679-7711, Fax: (306) 652-4888

CLASS NAME	<i>,</i>		START DATE	
PERSONAL INFORMATION (please print clearly)				
Last Name		First Name		Middle Name
Address (Street Name,	Box Number	City	Province	Postal Code
Home Phone	Cell Phone ()	Birthday (YYYY/MM/DD)	E-mail Address	
Current Employer			Work Phone	
WHAT IS YOUR CURR	ENT COMPUTER KNOW	LEDGE:		
☐ Accounting Pro	grams:	□ Legal:	Keyboarding Speed: w	om
☐ Basics Comput	□ Basics Computer Concepts □ MS Windows □ MS Word (version)			
HAVE YOU EVER ATT	ENDED SBC BEFORE?			
□ No □ Yes→ Year A	Attended: Mai	den Name/Previous Name:	Former SBC St	udent No.:
PAYMENT POLICY - Payment for tuition as well as books/supplies must accompany this application form Cheques will be cashed the day of the first class; with receipts provided thereafter. REFUND POLICY Refunds are provided as follows: If you cancel Seven days before the first class, SBC will retain a \$50 administrative fee. Cancellation after SBC has confirmed the class start day and/or the applicant has attended the first class, SBC will retain full tuition and textbook/supplies fees. I have read the above Payment Policy and Refund Policy and understand the terms. SBC recognizes and respects the importance of privacy. The information of this form is collected for administrative/statistical purposes determining your eligibility. If you have questions about the collection or use of this information, please contact the SBC Privacy Officer. Date: Signature:				
	** We reserve the right	to modify our curriculum, textbooks, financial sch	nedule, rules, and /or regulations. **	
FOR OFFICE USE ONLY				
☐ Cheque received wit☐ Cheque cashed Cheque # ☐ T2202A sent (if required Notes:	SBC Receip	ot: Date: _ □ Certificate sent DATE	Total:	