



INSTITUT SA

Student Registration Form

Program

Contact Information

Student's Family Name

Student's Given Name

Student's Other Name

Permanent Address of Student

Mobile Phone

Home Phone

Email Address

Personal Information

Sex

Date of Birth

City and Country of Birth

Quebec Permanent Code

Social Insurance Number

Father's Family Name

Father's Given Name

Mother's Family Name

Mother's Given Name

Mother Tongue

Language Spoken At Home

Year of Schooling

Document Required (For Vocational Training Program ONLY)

Primary ID: PR Card or Confirmation/Citizenship Card or Paper

Secondary ID: Medicare Card or Letter/Driver's License

Proof of Quebec Residency: Certificat de Sélection du Québec (CSQ)/12 Months Bill

Student's Signature

Date

Please send this form to admission@sainstitute.ca

For vocational training program, please attach the document required (both side).

For questions please contact us.

Telephone: 514 800 2322

Email: admission@sainstitute.ca

Address: 690 Cremazie Est, Montreal, QC Canada H2P1E9