

Student Information Form

Kindly fill out the	form carefully		DATE
PERSONAL I	NFORMATION		
Full Name :			
Nickname :		Place Of Birth :	
Date of Birth :		Nationality :	
Email :		High School Graduation:	
Gender:	Male Female	Your 2022	
Marital Status :		Income Courses you are interested :	1
Residency Status:		are interested .	2
Valid ID Provided			3
ADDRESS			
Present Address :			
L			
City:		Province:	
Postal Code:		Student Trustee :	
Student Signatur	re		Consultant Signature

THANK YOU FOR YOUR TIME

ND Foresight Education Consultancy Inc is committed to safeguarding the personal information entrusted to us by our clients. We manage your personal information in accordance with Alberta's Personal Information Protection Act (PIPA) and other applicable laws, ensuring data is processed transparently and in good faith. Our practices are designed to collect, use, and disclose personal data strictly for legitimate and lawful purposes, and only to the extent necessary for providing our services. We implement robust security measures to protect your data and uphold your rights to access and correct your information as needed.