



PO Box 11403
Lloydminster, Alberta
T9V 3B7

APPLICATION FORM

All applicants must be at least 16 years of age and have 1 year sobriety.

Last Name _____ First Name _____ Middle Name _____

Previous/Maiden Name (if applicable) _____ Birth Date: M ___/D ___/Y ___ ___ Male ___ Female

First Language: ___ English Other, list _____ (English Language Proficiency requirement applies)

___ Canadian citizen ___ Permanent resident/Landed immigrant ___ Student Visa ___ Other

Date of entry into Canada: month ___ year ___ Country of Citizenship: _____

Do you require services offered to students with disability or medical needs? ___ No ___ Yes

If yes, describe _____

Permanent Address

Street/Avenue/Box _____

Town/City _____ Province _____ Postal Code _____ Country _____

Home phone# _____ Bus. Phone # _____ Cell phone # _____ E-mail address _____

Alternate Contact

Full name of contact person _____ Relationship _____

Home phone# _____ Bus. Phone # _____ Cell phone # _____ E-mail address _____

Family

Parents' marital status (relative to each other): ___ Never married ___ Married ___ Widowed ___ Separated ___ Divorced (date _____)

With whom do you make your permanent home? ___ Parent #1 ___ Parent #2

Parent #1: ___ Mother ___ Father ___ Unknown Parent #2: ___ Mother ___ Father ___ Unknown

Is Parent #1 living? ___ Yes ___ No (Date deceased _____ mm/yyyy)

Last Name _____ First Name _____ Middle Name _____

Is Parent #2 living? ___ Yes ___ No (Date deceased _____ mm/yyyy)

Last Name _____ First Name _____ Middle Name _____

Hobbies

Program Information

Entry term: _____ month _____ year

Career Interest _____

Education

Last high school attended: _____

Town/City: _____ Province: _____ Grade complete: _____

Year: _____

Other Educational Information

Last post-secondary institution attended: _____

Town/City: _____ Province: _____ Grade complete: _____

Years attended: From (year) _____ to (year) _____

Parchment received: ___ Certificate ___ Diploma ___ Degree

Third Party Disclosure Consent (Optional)

Do you wish to allow another person (a parent or spouse, for example) to access and/or provide information on your behalf?
___ Yes ___ No

Name of authorized person: _____ Relationship: _____

Street/Avenue/Box _____

Town/City _____ Province _____ Postal Code _____ Country _____

Home phone# _____ Bus. Phone # _____ Cell phone # _____ E-mail address _____

Please allow the above named person to give/receive information about me regarding (check all that apply):

___ my personal data (including addresses, phone numbers, e-mail addresses) ___ my achievements at BRRC

___ my admission status ___ my financial and student receivable account status

This authorization will remain in effect as long as you are an active student at BRRC. The student may request changes to this authorization by contacting the Office of the Registrar, in writing, requesting the changes.

Yes/No/Short Answers

- Do you have an issue with authority? _____

- What is your goal or focus now for your future?

- Do you enjoy hard work? _____

- Have you made a definite choice to improve your life?

- Can you read? _____ Do you enjoy reading? _____

- Do you have a criminal record and are you willing to have a criminal check done? (A full criminal report is required if you have a record of criminal activity; however, this does not necessarily disqualify you as an applicant.)

- What do you feel your purpose in life is?

- Are you presently dealing with or have you in the past dealt with smoking, drugs, alcohol or pornography?

- Do you have any medical conditions that could affect your stay while at Battle River Ranch Camp?

References: 2 Letters of recommendation will be required. Example: Principal, Teacher, Pastor.

These letters should be mailed by the person writing the letter to Battle River Ranch Camp.

Declaration of Applicant: I certify all statements made in connection with this application are true and complete in all respects. I understand misrepresentation, falsification of documents or withholding requested information are serious offences which will result in the cancellation of my admission and registration at Battle River Ranch Camp. If admitted, I agree to abide by the rules and regulations in existence or as amended from time to time by the Board of Directors of Battle River Ranch Camp. We are serious about you having a positive future and we hope this is your desire also.

All applicants must be at least 16 years of age and have 1 year sobriety.

Signature of applicant _____ Date _____