

To complete the 4-step Completion of Registration process, a student must:

1. Fully complete this form
2. See the Registrar to confirm registration
3. See the Finance Office to make payment in full
4. Submit this form to the library and have photo taken.

Upon submitting your Completion of Registration form to the library, a photo ID card will be created. This card:

- contains your RMC Student Identification Number
- serves as your RMC Library Card
- serves as photo identification, providing proof that you are a student, entitling you to certain off-campus student discounts

ID Card Waiver

I understand my Rocky Mountain College Student Identification Card is the property of Rocky Mountain College and must be surrendered upon notification of withdrawal. Replacement cost for lost or stolen cards is \$10.00.

Student Signature _____ Date _____

For Office Use Only:		
	Initials	Date
Registrar	_____	____/____/____
Finance Office	_____	____/____/____
The Library	_____	____/____/____ month day year

Information required for student card:	
Student ID #:	_____
Name of program:	_____
Credit hrs in current semester:	_____

PLEASE PRINT

CONFIDENTIAL STUDENT INFORMATION

Please complete both sides of this form in full. This information is confidential and will only be used as appropriate for college purposes. It will not be divulged to outside sources except with student's permission.

Name _____ Date of Birth _____ / _____ / _____
Last Name First Name month day year

Canadian Citizen/Landed Immigrant Yes No If "No", do you have a Student Authorization? Yes No

Social Insurance Number _____

CURRENT STUDENT ADDRESS WHILE STUDYING AT ROCKY MOUNTAIN COLLEGE

Street or Box Address _____

City/Town _____ Postal Code _____

Phone Numbers (H) – () _____ (W) – () _____ (C) – () _____

Email: _____

PERMANENT STUDENT ADDRESS

Street or Box Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

EMERGENCY CONTACT INFORMATION (This person will be contacted if deemed necessary by the College.)

Parents Spouse Other- please specify relationship: _____

Name _____

Street or Box Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

Phone Numbers (H) – () _____ (W) – () _____ (C) – () _____

Email: _____

STUDENT HEALTH INFORMATION

Canadian Provincial Health Insurance:

Province: _____

Number: _____

Private Insurance:

Provider: _____

Number: _____

Please describe briefly any medical/health conditions (eg. Allergies, depression, diabetes, epilepsy, heart condition)

Identify medications you are taking and for which conditions.

Are you presently receiving assistance for emotional, mental or chronic physical difficulties? Yes No

If "Yes", please explain

Please Note: This information is kept confidential and will be given to a doctor or medical professional in the event of an emergency.

Have you ever been convicted of a criminal offence? Yes No

If "Yes", please explain

I permit Rocky Mountain College to:

- use candid photographs of me in college publicity without requiring permission or remuneration
 Yes No

- provide information on my student finance account when requested by
my parents: Yes No
my spouse: Yes No Not applicable

- provide academic information (academic standing/transcript/semester grades/registration etc.) when requested by
my parents: Yes No
my spouse: Yes No Not applicable

I affirm that the information provided on this form is accurate to the best of my knowledge.

Student Signature _____ Date _____

Please Print Name _____