

**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 your Calgary Transit Pass [if applicable] A transit pass sticker will be applied to ID cards of students registered in 9 or more credit hours
- serves as photo identification, providing proof that you are a student, entitling you to certain off-campus student discounts

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 entering semester: \_\_\_\_\_

**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 \_\_\_\_\_

**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 (if applicable):  Yes  No

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_