



ITA Customer Service
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Youth Train in Trades Registration Form

Please complete and return this form to your district career coordinator. All mandatory fields must be completed.

*Mandatory Fields

A. Student Information

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Phone Number: ()	Secondary Phone Number: ()	*Email Address:
*Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>		

B. Parent/Guardian's Information

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

1. I am the ☐ custodial parent ☐ legal guardian of the minor named above; and,
2. I authorize the school to release the information outlined in Sections A & B to Industry Training Authority for the purpose of registering the student with the ITA in a Youth Trade program; and to use the registration information for statistical data.
3. I understand that I can only withdraw this consent by written request addressed to the school.

Parent/Guardian's Signature:	Date (MM/DD/YYYY)
SD/Independent Board Authority Contact's Signature	Date (MM/DD/YYYY)

C. Program Information (To be completed by School District or Independent Board Authority)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			