

Apprentice Information Form

Apprentice Information	
Full Legal Name:	
Preferred First Name:	
Address:	
Date of Birth:	
Telephone/Mobile:	
Email address:	
School Name/School Contact: (if applicable)	
School PEN: (if applicable)	
Grade: (if applicable)	
(ITA Apprenticeship #):	
Emergency Information	
Contact Name:	
Telephone/Mobile:	
Relationship:	
Allergies/Health Concerns:	
Supervisor/Farm Information	
Farm Name:	
Supervisor:	
Telephone/Mobile:	
Farm Address:	

Training Provider:

Greenbelt Veterinary Services Ltd / DairySMART Management

8451 Harvard Place

Chilliwack, BC V2P 7Z5

Phone: 604-792-1501

Fax: 604-792-1173

Email: office@dairysmart.ca

ACE IT Student Agreement to Expectations:

The Dairy Production Technician program outcomes are presented through lectures and practical labs. To properly master all the outcomes and succeed in the program, regular attendance is essential. Students must understand that the training provider will communicate attendance to the home school contact on a regular basis.

Students must also understand that any necessary absence from a class time must be clearly communicated with the training provider.

_____ Student Signature

_____ Parent Signature

_____ Date