

Application for Annual Renewal
of Registration of a Private Training School



Name of School: _____

Registration # TS - _ _ _ _ _ Expiry date of certificate of registration: _____

Mailing Address: _____

_____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Operator (person/body responsible for overall operation): _____

Operator address, telephone, fax, e-mail address (if different from those of the school):

Director of Instruction: _____
(person responsible for instructional supervision)

Director of Instruction address, telephone, fax, e-mail address (if different from those of the school):

School Location or sites (street address/es):

Contact Person (whom we should deal with on a regular basis): _____

Mailing Address: _____

_____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____

Date of Application: _____

Personal information is collected under ss 4(1) of Prince Edward Island's Private Training Schools Act and will be used for the purpose of maintaining the registration of the school. If you have any questions about this collection of personal information, you may contact the Administrator of Private Training Schools, Department of Workforce and Advanced Learning, Atlantic Technology Centre, Suite 212, 176 Great George Street, Charlottetown, Prince Edward Island, C1A 4K9, Telephone: 902-620-3980.