



**Saskatchewan  
Apprenticeship and  
Trade Certification  
Commission**

**Saskatchewan Youth Apprenticeship**  
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**SYA School ENROLMENT Request**

School year \_\_\_\_\_

School division \_\_\_\_\_

School ID number \_\_\_\_\_

School name \_\_\_\_\_

First Nations school      Yes                      No

School address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School phone \_\_\_\_\_

School fax \_\_\_\_\_

Principal's name \_\_\_\_\_

Principal's signature \_\_\_\_\_

Program contact \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_