



**STUDENT ENROLLMENT REPORT**

**Name of training organization** \_\_\_\_\_

**MONTH** \_\_\_\_\_  
**Record of students enrolled for the month.**

Name of Student	Location (if training is provided at more than one location)	Name of Program	Total Tuition fee	Start Date	End Date

***This form must be submitted to:***

*Private Occupational Training  
Department of Post-Secondary Education, Training and Labour  
P.O. Box 6000 (500 Beaverbrook Court)  
Fredericton, NB E3B 5H1  
Phone Number: (506) 444-5781*

***or by Email:***

[LFPSP-POTA@gnb.ca](mailto:LFPSP-POTA@gnb.ca)

***Send once a month before the 15<sup>th</sup> of each month.***