



**SECTION A - STUDENT INFORMATION**

**Please complete all sections and print clearly.**

DATE OF APPLICATION (MM/DD/YYYY)

LEGAL LAST NAME (OF APPLICANT)

LEGAL FIRST NAME

LEGAL MIDDLE NAME(S)

USUAL LAST NAME (IF DIFFERENT THAN ABOVE)

USUAL FIRST NAME

PREVIOUS SURNAME (IF CHANGED)

MAILING ADDRESS

GENDER

DATE OF BIRTH (MM/DD/YYYY)

PO BOX

TELEPHONE (HOME)

TELEPHONE (CELL)

CITY

STUDENT E-MAIL

PROVINCE

POSTAL CODE

COUNTRY OF BIRTH (PROVINCE, COUNTRY)

DO YOU HAVE ACCESS TO THE INTERNET?

YES  NO

HAVE YOU EVER HAD AN IEP?

YES  NO

ARE YOU A CITIZEN OF CANADA?

YES  NO

DO YOU ORDINARILY RESIDE IN BRITISH COLUMBIA?

YES  NO

**SECTION B - PARENT / GUARDIAN INFORMATION (IF REQUIRED)**

NAME OF PARENT / GUARDIAN

RELATIONSHIP

ADDRESS (IF DIFFERENT THAN STUDENT)

NAME OF PARENT / GUARDIAN

RELATIONSHIP

ADDRESS (IF DIFFERENT THAN STUDENT)

PARENT / GUARDIAN (1) EMAIL ADDRESS

PARENT / GUARDIAN (2) EMAIL ADDRESS

**SECTION C - IF ENROLLED IN ANOTHER SCHOOL (GR 8-12 only)**

NAME OF SCHOOL DISTRICT / SCHOOL DISTRICT NUMBER

NAME OF SCHOOL

This verifies that the School of Record:

- Holds a complete Permanent Record for this student including proof of birth data, Canadian Citizenship and ordinary residence in BC.
- Will update that Permanent Student Record upon receipt of a final mark from Central Interior Distance Education School
- Is responsible for the graduation plan for this student, of which the courses on this application form a part.
- Verifies that the grade placement on this form is accurate.
- Verifies that this student is NOT currently taking this course at your school.

SIGNATURE OF PRINCIPAL / DESIGNATE

**SECTION D - COURSE/PROGRAM SELECTION**

Course Title

Print or Deposit/Fee  
Online Paid?

Course Title	Print or Deposit/Fee Online	Paid?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am NOT currently enrolled in any of the above course at any other school.

**Protection of Privacy**

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Avenue, Prince George, B.C. V2L 4R5. PH: (250) 561-6800.

**SECTION E - RELEASE OF PERSONAL INFORMATION**

I hereby permit the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council for the purpose of school related communications. \_\_\_\_\_  
INITIALS

I hereby permit my name or my child's name or photos to be used in any school publication including a monthly newsletter, or web pages as well as newspaper recognitions of achievement. \_\_\_\_\_  
INITIALS

Signing below indicates that the information submitted on this form is accurate and complete, and the signator has read and understands the Protection of Privacy standards outlined on page 2 of this form.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN OR ADULT STUDENT

**SECTION F - REGISTRATION CHECKLIST -- IMPORTANT**

**The following items must accompany the application form before your enrollment can be approved. If you are filling in this application online, you will need to send a copy of these items.**

- Course Activation Assignment (for all Gr. 10-12)
- Principal's Signature in SECTION C  
*Required for GR 8-12 if enrolled in another BC school at the same time.*
- A copy of your most recent report card
- A copy of your Drivers License or BC CARE Card (if not enrolled in BC school)
- A copy of your BIRTH CERTIFICATE or PASSPORT (if not enrolled in BC School)

**SECTION G - INTERNAL USE ONLY**

Registration Status _____  Last school attended and the year. _____  PEN Number _____  Grade _____ School Aged Grad _____ Adult _____ Non Graduate _____ Graduate _____ 80 credit _____ 52 credit _____ Adult Dogwood _____  File created by: _____	Data Management Status _____  Username _____ Password _____ Date Entered into Moodle _____ Date Material Package Mailed _____  Tests Sent to: Supervisor: _____ Test Room: _____
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IN-SCHOOL STUDENT: CLERICAL SIGNATURE _____	DATE _____
OUT OF SCHOOL STUDENT: ADVISOR SIGNATURE _____	DATE _____

ADDITIONAL COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Activation Confirmation**

- |  |  |  |   |
|--|--|--|---|
| Registration Complete <input type="checkbox"/> | Course Outline Sent <input type="checkbox"/>             | RA Extended <input type="checkbox"/>         | Transferred to Full Course <input type="checkbox"/> |
| Signed Learning Plan <input type="checkbox"/>  | Substantive Activities Complete <input type="checkbox"/> | Moodle Info Emailed <input type="checkbox"/> | Set up in Easygrade <input type="checkbox"/>        |

\_\_\_\_\_  
Date Activated

\_\_\_\_\_  
Teacher Signature