

# NEW

## ADDITIONAL COURSES OFFERED IN THE EVENING SESSION

### GRADE 11 & 12 PROGRAMS

Name: \_\_\_\_\_ Student # \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Courses will be held at Duchess Park Secondary School**

**Sept. 17<sup>th</sup> – Dec. 19, 2019**

**Tuesday and Thursday at 6:30 – 9:15**

<input type="checkbox"/>	Foundations of Math 11
<input type="checkbox"/>	Pre-Calculus 11
<input type="checkbox"/>	Life Sciences (Biology) 11
<input type="checkbox"/>	Physics 11
<input type="checkbox"/>	Chemistry 11

✓ Check the box for your choice of required course.

<input type="checkbox"/>	Pre-Calculus 12
<input type="checkbox"/>	Calculus 12
<input type="checkbox"/>	English 12
<input type="checkbox"/>	French 12
<input type="checkbox"/>	Anatomy and Physiology (Biology) 12
<input type="checkbox"/>	Physics 12
<input type="checkbox"/>	Chemistry 12

- Courses will be offered subject to enrollment numbers.
- Please complete the Student Application Form on the back of this page and return to your school office.
- Please consult with your school counselor regarding this application

Counsellor's Initials: \_\_\_\_\_



School District 57  
Prince George, BC

Student Application Form  
Continuing Education School District No. 57

Centre for Learning Alternatives  
3400 Westwood Dr, Prince George, BC V2N 1S1  
Tel: 250-564-6574 Toll Free: 800-661-7515 Fax: 250-563-5487  
Website: <http://www.cla.sd57.bc.ca>

**SECTION A – Student Information**

**PEN:**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Previous Surname ( if Changed) \_\_\_\_\_ Usual First Name \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Gender: \_\_\_\_\_ Aboriginal Ancestry:  No  Yes  Status  Non-Status

Are you a Citizen or Permanent Resident of Canada?  Yes  No Country of Birth \_\_\_\_\_

Do you ordinarily reside (live) in British Columbia?  Yes  No First Language \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Telephone

**SECTION B – Educational History**

Have you graduated?  Yes  No Last grade successfully completed \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_ Year: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

**SECTION C – Authorization**

- I hereby permit my name or photos to be used in any school publication including a monthly newsletter or web pages as well as newspapers' recognition of achievements
- I give permission for my education records to be released to Continuing Education, Centre for Learning Alternatives (School District No 57), Prince George, BC

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

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 Ave, Prince George, BC V2L 4R5. Phone 250-561-6800

**Continuing Education  
School District No. 57 (Prince George)**

**COURSE ENROLMENT CONFIRMATION FORM**

**Date:** \_\_\_\_\_

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b> (print the month)
------------------	-------------------	--------------------	---

\_\_\_\_\_

<b>Current Phone No.</b>	<b>Current Address</b>	<b>Postal Code</b>
--------------------------	------------------------	--------------------

**TERMS OF ENROLMENT: Registration is pending until completion of the Activation Package.**

**FEEES:**

- There is a refundable textbook fee of \$50/text for some senior courses. Once the text is returned the \$50 can be used toward the next course or refunded.

**MINIMUM REQUIREMENTS:**

- The minimum requirement is that a student should complete approximately ten percent of the course every six weeks.

**REGISTRATION PERIOD:**

- The course registration period is **ONE YEAR** of the registration date. There are no course extensions. Students who do not complete the course within one year must start the course again **FROM THE BEGINNING**. Students who have been withdrawn from the course must wait **ONE YEAR** before they may retake the same course.

**DECLARATION OF UNDERSTANDING:**

I have read and understand the terms of enrolment as written above.

I honestly declare that:

- I **have** graduated from high school **in** Canada
- I **have** graduated from high school **outside** of Canada
- I **have not** graduated
- I am 18 years and older

\_\_\_\_\_

**Student Signature**

\_\_\_ NEW STUDENT                      \_\_\_ CURRENT STUDENT                      \_\_\_ ARCHIVED STUDENT

\_\_\_ NEW REGISTRATION (in the course)                      \_\_\_ RE-REGISTRATION (in the course)

**COURSE:** \_\_\_\_\_                      **Orientation Teacher:** \_\_\_\_\_

\_\_\_\_\_ **Course Activation Date**                      \_\_\_\_\_ **Activation Teacher Signature**

Notes

\$10 Student Fee	<input type="checkbox"/> Paid