

Virtual School Enrollment Form (under 19)

* _____ * _____ * _____ * _____
 LAST name, Legal first name Legal middle name Used first name

*Date of Birth: _____ * _____
 MM / DD / YY Country of Birth

Parent or Guardian's Email: _____ *Home Phone No.: _____
 Please print clearly

*Student's Email: _____
 Please print clearly

I certify that all statements on this application are true and complete and that no information has been withheld. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to the above information.

* Student's Signature: _____ *Date: _____

If currently attending High School:

Name of High School: _____ PEN#: _____ Student # _____

High School Counselor's name: _____ Counsellor's Email Address: _____
 Please print clearly Please print clearly

Important!: See back of form for Parent/Guardian and Counsellor's consent and signature

New Course: _____ _____
 Course Code Course Name

New Course: _____ _____
 Course Code Course Name

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The information on this form is collected under the authority of the School Act 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provide to health services, social services, or support services as outlined in Section 79 (2) of the School Act. The information collected on this form will be consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

STAFF USE ONLY

Account ID#: _____ Staff Initials: _____ Approved: _____

Courses entered in INFOPRO Blackboard enrolled

Graduated H.S. Yes No Updated 80 credit SLP on INFOPRO (DL School of record ONLY)

International student pays \$1175. International Fee WAIVED

Fee paid \$ _____ How? (cash, debit, Visa, Mastercard) Last Updated: September 8, 2017





PARENT Consent

PLEASE PRINT CLEARLY

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

I agree to support my child with his/her educational program by monitoring my child's progress in this course(s) and I understand that I may contact teachers, administrators, and support staff with any questions I have about the course or when I have concerns about my child's progress and/or effort. I will also encourage my child to communicate with the teacher(s) on a regular basis.

As a parent/guardian, I agree to the commitment above.

Parent/Guardian Signature

Date

Alternate Parent Consent via counsellor or teacher contact with parent

By phone _____
 By email _____
 Other _____

Counsellor or Teacher Name

Initials

Date

Day School COUNSELLOR's Consent

PLEASE PRINT CLEARLY

STUDENT NAME: _____

COUNSELLOR'S NAME: _____

- 1. This is to confirm that the student listed above is NOT taking the same course in a classroom or taking the same course elsewhere online at the same time as they plan to take the course with Access New Westminster;*
- 2. This is to confirm that our school district has a residency policy that is consistent with the School Act and that the student listed above is ordinarily resident in BC (and where applicable) with their parent/legal guardian. Furthermore, the day school maintains evidence in the student file that supports this claim;*
- 3. That the day school maintains a graduation plan/timetable for this student and that the course(s) selected is listed on this graduation plan, and will be responsible for submitting the final grade(s) to the Ministry.*

As the day school counsellor, I agree to the statements above.

Counsellor's Signature

Date