

SCHOOL DISTRICT #40 (NEW WESTMINSTER)
SUMMER LEARNING
ADULT STUDENT REGISTRATION FORM

School Year
2019/2020
SUMMER

Date: _____	OFFICE USE ONLY	Enrollment Date: _____
Grade: _____ Pupil#: _____	PEN#: _____	
International? <input type="checkbox"/> Funded <input type="checkbox"/> Non Funded <input type="checkbox"/> Paid \$ _____		
Advisor App: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ SLP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduation requirements: <input type="checkbox"/> ADULT <input type="checkbox"/> 80 CREDIT (2004) <input type="checkbox"/> 80 CREDIT (2018)		
Educational objective Grade 12 <input type="checkbox"/> YES <input type="checkbox"/> NO		Staff Initial
Registration Documentation: <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Residency x 2 <input type="checkbox"/> Photo ID		
Additional Documentation: <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Official Transcript of Grades		

PLEASE PRINT CLEARLY & COMPLETE BOTH SIDES. ALL INFORMATION IS REQUIRED.

STUDENT INFORMATION _____

Legal Last Name: _____ PREFERRED Last Name: _____
 Legal First name: _____ PREFERRED First Name: _____
 Legal Middle Name: _____ Date of Birth (Month/Day/Year): _____
 Home Phone Number: _____ Student Cell Phone: _____
 Student Email: (Please print CLEARLY) _____

PROPERTY ADDRESS _____

Address: _____ City: _____
 Province: _____ Postal Code: _____

CITIZENSHIP _____

Country of Birth: _____ City: _____ Province: _____
 Status: Canadian Permanent Resident Refugee Student Visa Work Permit
 If Applicable: Student Visa Expiry Date: _____ Work Permit Expiry Date: _____
 Home Language: _____ Language Most Used: _____

ABORIGINAL ANCESTRY _____

YES NO If yes: Inuit Metis First Nations
 If First Nations: Non-Status Status- Off Reserve Status- On Reserve
 If known, what is your Band of Origin? _____

CURRENT OR PREVIOUS SCHOOL/DISTRICT _____

District: _____ School Name: _____

Province/Country: _____ School Language: _____

Last Grade Attended: _____ High School Graduate? Yes No

Highest Level of Education Achieved: _____

Are you CURRENTLY a student at Pearson Adult Learning Centre (2019/2020 School Year)? * Yes No

Student Number: _____

* If you are a current student with Pearson Adult Learning Centre, it is not necessary to attach your residency and status documentation. We will already have this on file. If any of your information has changed, please attach updated documentation.

Requested Courses (be sure to indicate AM or PM): _____

If requested course(s) full, alternate choice: _____

EMERGENCY CONTACTS _____

<p>Contact #1</p> <p>Relationship: _____</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Home Phone: _____ Cell: _____</p> <p>Work phone: _____</p> <p>Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, language: _____</p>	<p>Contact #2</p> <p>Relationship: _____</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Home Phone: _____ Cell: _____</p> <p>Work phone: _____</p> <p>Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, language: _____</p>
--	--

Are there any medical issues, medications, or allergies you would like us to be aware of? Yes No If yes, please specify below.

VERIFICATION _____

I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT.

STUDENT SIGNATURE: _____ DATE: _____

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting, demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

OFFICE USE ONLY		
COURSES ASSIGNED	ENTERED IN MYED ✓	NOTES:
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	