

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

School Year
2021-2022
Semester _____

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		
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		

Staff Initial

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: _____ Gender: _____ Preferred: _____

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 (2020/2021 School Year)? * Yes No

Student Number: _____

Requested Courses: _____

EMERGENCY CONTACTS _____

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

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"/>	