New Westminster Schools

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

Semester 1

2026-2027

Date: _____ **OFFICE USE ONLY** Enrollment Date: _____

Grade: _____ Pupil#: _____ PEN#: _____

International? ☐ Funded ☐ Non Funded ☐ Paid $_____

Advisor App: ☐Yes ☐No Assessment: ☐Yes Date: _____ ☐No SLP: ☐ Yes ☐ No

Graduation requirements: ☐ ADULT ☐ 80 CREDIT (2004) ☐ 80 CREDIT (2018)

Staff Initial

Educational objective Grade 12 ☐ YES ☐ NO

Registration Documentation: ☐ Proof of Citizenship ☐ Proof of Residency x 2 ☐ Photo ID

Additional Documentation: ☐ Previous Report Card ☐ 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:** _____ **Gender:** _____ **Preferred:** _____

Student Email: (Please print CLEARLY) _____

Previous last name, if it was different when you attended high school: _____

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? _____

Please turn page over ⇨

New Westminster Schools

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: _____

Have you previously completed a course with the Pearson Adult Learning Centre? ☐ Yes ☐ No

Student Number: _____

Requested Courses: _____ _____

EMERGENCY CONTACTS

Contact #1	**Contact #2**
Relationship: _____	**Relationship**: _____
First Name: _____	**First Name**: _____
Last Name: _____	**Last Name**: _____
Home Phone: _____ **Cell**: _____	**Home Phone**: _____ **Cell**: _____
Work phone: _____	**Work phone**: _____
Speaks English: ☐Yes ☐No	**Speaks English**: ☐Yes ☐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:**
_____	☐	
_____	☐	