eAdd-a-Course Form

**Instructions:**

To add a course, download this form, save it to your desktop and fill it in. Send your completed form as an email attachment to [virtualschoolbc@sd40.bc.ca](mailto:virtualschoolbc@sd40.bc.ca) and use “*eAdd a Course*” in the subject line.

**Demographic Information**: (**\***required)

**\***LAST name: **Click here to enter text.**  **\***Legal FIRST name: **click here to enter text**

**\***Legal MIDDLE name: **click here to enter text** **\***Commonly-used first name: **click here to enter text**

\*Date of Birth (month/day/year): **MM/DD/YY**

**\***Phone No: **Click here to enter text.**

**\***Email address: **Click here to enter text.**

**Course Information:**

Indicate the **name** of the course you would like to add.

**\*** **Click here to enter course name**

Please read the following before signing below:

I understand that I am expected to complete the first assessment of this course within 2-3 weeks and to complete this course within a time frame of 4-5 months. I understand that it is my responsibility to be in touch with my course instructor if I cannot keep a reasonable pace to meet this course completion expectation.

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

Typing your full legal name in the space below serves as confirmation of your registration in this course.

\***Student’s Signature**: **Click here to enter text.** \***Date**: **Click here to enter text.**

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 ONLY:**

**Course** Code: \_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Course** Code: \_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account ID#: Staff Initials: Approved:

□ Courses entered in INFOPRO □ Blackboard enrolled □ Courses entered in MyEdBC