

## eRegistration Form

**NOTE: do NOT email your form or IDs before September 4th.**

To enroll, download this form, save it to your desktop and fill it in. **Starting September 4th** send your completed form as an email attachment to [VirtualSchoolBC@sd40.bc.ca](mailto:VirtualSchoolBC@sd40.bc.ca) and use "eRegistration YOUR LAST NAME" in the subject line. Provided the information and documentation is complete, you can expect an email confirmation within 2 school days.

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### Demographic Information: (\*required)

\*LAST name:

\*Legal FIRST name:

\*Legal MIDDLE name:

\*Commonly-used first name:

P.E.N. (9-digit BC Ministry of Ed. Personal Education Number, if you know it):

Previous Legal Last Name if it was different when you graduated high school:

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

\*Email address:

\*Street address:

Unit/Apt #:

\*City:

\*Postal Code:

Phone Number:

\*Canadian Identity (Canadian citizen, Permanent Resident, other):

\*Country of Birth:

\*Have you graduated Secondary School (Are you a grade 12 graduate?)

No

Yes

Where?

When?

\*Are you **currently** attending school or classes in New Westminister?

No

Yes

Which school?

\*Are you currently taking an online course with us?

No

Yes

Which course?

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**Course and ID information:**

Before completing this section, please make sure you have visited our [website](#) for details about the [courses](#) we offer and the [ID requirements](#) for enrolling.

Indicate the name(s) of one or two courses you would like to take with us. You can add courses later.

\*#1:

#2:

Indicate the 3 kinds of identification you will be providing from the [ID requirements](#):

\*1

\*2.

\*3.

\*Indicate how you will provide the IDs: By email attachment OR In person

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 window 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 form 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 course(s) registration.

**\*Student Signature:**

**\*Date:**

\*Just curious - How did you hear about us?

Why are you choosing to take the course online?

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.

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**STAFF ONLY:**

Course Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Staff Initials: \_\_\_\_

Approved: \_\_\_\_

Blackboard enrolled: \_\_\_\_

MyEdBC entered: \_\_\_\_

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**STAFF ONLY:**

STUDENT LEARNING PLAN (SLP) Adult Graduation Requirements (for NON-Grads only)

Language Arts 12 requirement: \_\_\_\_\_ Completed: \_\_\_\_

Math 11 requirement: \_\_\_\_\_ Completed: \_\_\_\_

Grade 12 elective: \_\_\_\_\_ Completed: \_\_\_\_

Grade 12 elective: \_\_\_\_\_ Completed: \_\_\_\_

Grade 12 elective\*: \_\_\_\_\_ Completed: \_\_\_\_

\*OR Socials 11: \_\_\_\_ Civics 11: \_\_\_\_ BC First Peoples 12: \_\_\_\_ Completed: \_\_\_\_

Possible Graduation Date (mm/yyyy):

Post-Graduation Goal: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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