

- To register, **first** download this form, save it, and fill it in.
- Send your completed form as an email attachment to virtualschoolbc@sd40.bc.ca, using the subject line: E-registration – your last name, your first name
- Include any required ID or documents as an **attachment** along with the form (please do not paste ID or documents in the body of the email).
- Provided the information is complete and the correct documentation is provided, you can expect an email confirmation within 1 week.

Student Demographic Information

Legal Last Name:		Address:	
Legal First Name:		City:	
Legal Middle Name:		Province:	Postal Code:
Usual First Name:		Phone Number:	
*Current Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Preferred Gender:	
Parent/Guardian Name:		Parent/Guardian Email:	
Student Email (this will be the email address linked to your account):			
Birthdate (mm/dd/yyyy):		Country of Birth:	
Have you graduated Secondary School? (Are you a grade 12 graduate?) <input type="checkbox"/> Yes <input type="checkbox"/> No			Year of Graduation:
P.E.N. (9-digit Personal Education Number):			
Are you currently attending high school in BC? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:	
Student Number:		Grade:	
School Counsellor Name:		School Counsellor Email:	
Are you currently taking or have you previously taken an online course with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Required by Ministry of Education

Course Information

Please check the course you need. Please be aware these courses will run from July 4th to August 5th. These courses will **not** extend into the next school year. A minimum of 3.5 hours per weekday will need to be dedicated to your course to ensure successful completion. These courses must be approved by your school counsellor.

Career Life Education 10

Career Life Connections 12

Office Use Only – Do not type in grey boxes

Name:	School:	Student ID:
-------	---------	-------------

Parent/Guardian Consent

Please read the following before signing below:

I agree to support my child with his/her educational program by monitoring my child's progress in this course(s) and I understand that I may contact teachers, administrators, and support staff with any questions I have about the course or when I have concerns about my child's progress and/or effort. I will also encourage my child to communicate with the teacher(s) on a regular basis. I understand that my child is expected to dedicate a minimum of 3.5 hours a day to this course to ensure successful completion.

Typing your full legal name in the space below serves as agreement to the commitment above.

Parent/Guardian Signature:

Date:

School Counsellor Consent (if applicable)

Please read the following before signing below:

1. This is to confirm that the student listed above is NOT taking the same course in a classroom or taking the same course elsewhere online at the same time as they plan to take the course with New Westminster Online Learning;
2. This is to confirm that our school district has a residency policy that is consistent with the School Act and that the student listed above is ordinarily resident in BC (and where applicable) with their parent/legal guardian. Furthermore, the day school maintains evidence in the student file that supports this claim;
3. That the day school maintains a graduation plan/timetable for this student and that the course(s) selected is/are listed on this graduation plan, and will be responsible for submitting the final grade(s) to the Ministry of Education.

As the day school counsellor, I agree to the statements above.

Counsellor Signature:

Date:

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.

Office Use Only – Do not type in grey boxes

Career Life Education 10 Career Life Connections 12

Entered MyEd BC Entered Learning Management System

Notes: