

- 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 your ID documents as an **attachment** along with the form (please do not paste the ID documents in the body of the email). Detailed information on documentation requirements can be found on our webpage.
- Provided your registration package is complete, 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:	
Previous last name, if it was different when you attended high school:		
Email Address (this will be the email address linked to your account):		
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> International Student (\$1175 per course)		
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, if you know it):		
Are you currently attending school or classes in BC? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:
Are you currently taking or have you previously taken an online course with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Course and ID Information

Before completing this section, please make sure that you have visited our [website](#) for details about the [courses](#) we offer. **NOTE:** If you are requesting a **Grade 12 level science or math** course, please provide details showing you have taken the **prerequisite**. The prerequisite will be listed in the course outline.

Indicate the names of **up to two** courses you would like to take with us. You can request more courses later. Please use full course names. For example, if you would like a Math 11 course, please specify which one. **If you are not sure which courses you need, just leave this blank and our advisor will assist you with your course selection.**

Course:
Course:

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Name:	Sub Level:	Student ID:
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Please be sure you have carefully reviewed our [ID requirements](#). We are required to collect these documents by The Ministry of Education in order to fund your course. **Failure to provide all the required ID will delay your registration.** Indicate the names of the 3 documents you are attaching:

What is your Canadian Status ID or document?
What is your first BC Residency ID or document?
What is your second BC Residency ID or document?

Please read the following before signing below:

I understand that I am expected to complete the first assignment 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.

Signature:	Date:
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What is your academic goal? (ex. post-secondary, graduation, etc.)
Would you like to request an appointment with our academic advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

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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Canadian Status ID <input type="checkbox"/>	2 Pieces of BC Residency <input type="checkbox"/>	Picture ID <input type="checkbox"/>
International Student <input type="checkbox"/>	Paid <input type="checkbox"/> \$	SLP <input type="checkbox"/> Advisory <input type="checkbox"/>
Course:		
Course:		
Entered MyEd BC <input type="checkbox"/>	Entered Brightspace <input type="checkbox"/>	
Notes:		