

- This is a downloadable and fillable pdf. No need to print – just download, save, and fill in.
- Send your completed form as an email attachment to onlinelearning@sd40.bc.ca, using the subject line: E-registration – your last name, your first name
- Include required ID or documents as an **attachment** along with the form (please do not paste ID or documents in the body of the email). Requirements can be found in the instructions 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:	
Birth Gender: <input type="checkbox"/> M <input type="checkbox"/> F Gender Identity:		Citizenship:	
Parent/Guardian Name:		Parent/Guardian Email:	
Indigenous Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Status – on reserve <input type="checkbox"/> Status – off reserve <input type="checkbox"/> Other			
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, if applicable):			
Have you previously attended high school in BC? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:	
Special Education Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, category (if known):			IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending school or classes in BC? <input type="checkbox"/> Yes <input type="checkbox"/> No		School:	
Are you currently taking courses with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously taken courses with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Brightspace account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Brightspace username:			

ID and Documentation Information

Please be sure you have carefully reviewed our [ID requirements](#) and include them along with this form. We are required to collect these documents by The Ministry of Education and our school district. **Failure to provide all the required ID will delay your registration.** If you are a **current** student for this school year requesting to add a course, you do not have to resubmit your documentation, unless your information has changed.

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Name:	Sub-Level:	Student ID:
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Course Information

Before completing this section, please make sure that you have visited our [website](#) for details about the [courses](#) we offer. Indicate the names of **up to two** courses you would like to take with us. 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:

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 complete the first assignment of this course within 2-3 weeks and to complete this course within a window of 4-5 months.**

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

Parent/Guardian Signature:	Date:
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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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Course:
Course:
Entered MyEd BC <input type="checkbox"/> Entered Brightspace <input type="checkbox"/>
Notes: