

- This form is for **in-district students only**.
- This is a downloadable and fillable pdf. No need to print – just download, save, and fill in.
- This form must be signed and dated by your parent/guardian (typed signature is acceptable).
- Submit completed forms to your school counsellor for approval.
- Your school counsellor will submit completed forms to New Westminster Online Learning, and you will receive a confirmation email with information on how to get started in your course. Please allow up to one week to receive this email.
- If students are new to New West Online Learning, we recommend going through our [FAQ](#) on our website.

Student Demographic Information

| | | |
|---|--|-------------|
| Legal Last Name: | Legal First Name: | |
| Legal Middle Name: | Usual First Name: | |
| Birth Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Gender Identity: | |
| Birthdate (MM/DD/YYYY): | | |
| Parent/Guardian Name: | Parent/Guardian Email: | |
| Student Email (mandatory): | Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Which school do you attend? <input type="checkbox"/> NWSS <input type="checkbox"/> SIGMA <input type="checkbox"/> POWER | Grade: | Counsellor: |
| P.E.N. (9-digit Personal Education Number): | Student Number: | |
| Are you currently taking a course with New West Online Learning? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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. Students are permitted to take up to two courses at a time. **These courses must be approved by your school counsellor.** Please use full course names. For example, if you would like a Math 11 course, please specify which one.

| |
|---------|
| Course: |
| Course: |

Office Use Only – Do not write 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 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:

School Counsellor Consent

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 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 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 provided 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 Entered Brightspace International Fee Paid:

Notes: