



# 2025/2026 School Year

- This form must be signed by your parent/guardian and submitted to your school counsellor for approval.
- **Counsellor:** Send the completed and signed form as an email attachment to [onlinelearning@sd40.bc.ca](mailto:onlinelearning@sd40.bc.ca), using the subject line: Registration – Student Last Name, Student First Name, School Name. Please include the **Student Profile Report** from MyEducation BC as an attachment along with the form (Reports-Other Jurisdiction-Student Profile). **Registration forms must be emailed in by the school.** Incomplete forms will not be accepted.
- Provided the registration package is complete, you will receive a confirmation email with details on how to get started in your course. Please allow up to one week to receive this email.

## 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 (this will be the email linked to your Brightspace account):  |  |             |
| Which school do you attend?   | Grade:   | Counsellor: |
| P.E.N. (9-digit Personal Education Number):   | Student Number:  |             |
| 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 |             |
| Indigenous Ancestry: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Are you currently taking a course with New West Online Learning? <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:   |  |             |

## 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 or type in grey boxes.**

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



# 2025/2026 School Year

## 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 (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:

Email:

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: