New Westminster Schools

New Westminster Online Learning
Registration Form for Adult Learners
2026/2027 School Year

- 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: 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 1-2 weeks.

Student Demographic Information

Legal Last Name:	Address:	
Legal First Name:	City:	
Legal Middle Name:	Province:	Postal Code:
Usual First Name:	Birth Gender ☐ Male ☐Female Gender Identity:	
Previous last name, **if** it was different when you attended high school:		
Email Address (this will be the email address linked to your Brightspace account):		
Home Phone Number:	Cell Phone Number:	
Citizenship: ☐Canadian ☐Permanent Resident ☐Refugee ☐Work Permit ☐International Student (study visa)		
Birthdate (mm/dd/yyyy):	Country of Birth:	
Indigenous Ancestry ☐Yes ☐No If yes: ☐Metis ☐Inuit ☐Status – on reserve ☐Status – off reserve ☐Non-Status ☐Other:		
Have you graduated secondary school? (Click here for definition) ☐Yes ☐No		Year of Graduation:
If yes, which school did you graduate from? (Name and location):		
P.E.N. (9-digit Personal Education Number, **if** you know it):		
Are you **currently** attending school or classes in BC? ☐Yes ☐No	School Name:	
Are you **currently** taking courses with us? ☐Yes ☐No	Have you **previously** taken courses with us? ☐Yes ☐No	
Do you have a Brightspace account? ☐Yes ☐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**.

Office Use Only – Do not type or write in grey boxes.

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. **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. Students with no prior academic history in Canada will be asked to come in for an assessment.**

Course:
Course:

What is your academic goal? (ex. post-secondary, graduation, etc.) *

*If you need an advisory, please email onlineadvisor@sd40.bc.ca to request an appointment with our academic advisor.

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:**

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 ☐	BC Residency 1 ☐	BC Residency 2 ☐	Picture ID ☐	
International Student ☐	Paid ☐ $	SLP ☐	Advisory ☐	Assessment ☐ Date:
Course:		Course:		
Entered MyEd BC ☐	Entered Brightspace ☐			
Notes:				