

Summit Learning Centre

ENROLLMENT FORM
Adult Students Only

Office Checklist:	
<input type="checkbox"/>	Spreadsheet updated
<input type="checkbox"/>	SLP Completed
<input type="checkbox"/>	BCeSIS
<input type="checkbox"/>	Note Added
<input type="checkbox"/>	Program Added
<input type="checkbox"/>	Student Added to Team

FOR OFFICE USE ONLY: Student Assigned to: Grade _____ Graduated: _____ Year of Graduation

Graduation Program: 1995 2004 Adult Dogwood Last grade completed: _____

Course 1: _____ Teacher : _____

Course 2: _____ Teacher : _____

PEN No. _____ Student No. _____

Date of Enrollment: _____ Intended Start Date: _____
Year Month Day

Birth Certificate Photocopied and Verified by: _____ Copy of transcript received: Yes

Copy of Supporting Documents: Yes

Student Authorization / Immigration Papers (non-Canadian only) Yes International Student: Funding - Eligible

Textbook Deposit: Yes N/A (no resources) **REFUND TO:** _____ Funding – Not Eligible

****The Ministry of Education requires all enrollments in LEGAL names****

****Please note that a \$100 refundable resource deposit may be required****

Gender: Male Female **Course(s) Requested:** _____

LEGAL Last Name: _____ **LEGAL** First Name: _____ **Usual** Last Name: _____

Preferred First Name: _____ **LEGAL** Middle Name: _____ **Preferred** Middle Name: _____

Date of Birth: _____ Home Phone No: _____ Unlisted
Day Month Year

Student Address: _____
Street Apt. # City/Province Postal Code

Student Mailing Address (if different from above): _____

Previous School attended: _____ Previous City/Town: _____

Country of Birth: _____ Province of Birth: _____ Citizen of: _____

Immigration Status: _____

Home Language: English French Other (indicate other) _____

Student E-Mail Address: _____ **Student Cell Phone:** _____

Have you previously been enrolled with Summit? Yes No If YES, please provide date: _____

Special Needs Yes Comments: _____

Alternate Local Contact

Last Name: _____ First Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

MEDICAL INFORMATION:

If the student has a medically diagnosed life-threatening condition, please inform the school in order to arrange a meeting with the school principal prior to the student attending school.

Doctor's Name: _____ Phone No: _____ Care Card No: _____

Medical Alerts: Please check any medically diagnosed alerts that apply:

- | | |
|--|--|
| <input type="checkbox"/> Special Needs (with potentially life threatening condition) | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Anaphylaxis (Extreme Allergic Reaction) | <input type="checkbox"/> Severe Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Clotting Disorder |
| | <input type="checkbox"/> Serious Heart Condition |

Other Medical Conditions (e.g. food allergies)

1. _____ 2. _____ 3. _____

Adult Student Statement of Intent:

- I confirm that the courses above are needed for graduation.
- I confirm that the courses above are needed for enrolment in the following post-secondary program: _____
- I confirm that the courses above are needed for employment in the following field: _____

I verify that the information contained in this registration is accurate and complete.

Student Name (Print): _____

Student Signature: _____ Date _____

Enrollment accepted by:

Summit Administrator: _____ Date: _____

The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.