



NWSS ADULT

CE ID#	_____
Course #	_____
Course #	_____

Community Education
 835 Eighth Street, New Westminster BC V3M 3S9
 2017-18 – ACADEMIC EVENING Registration Form

SLP **INFOPRO**

(NOTE: Students who are born prior to July 1st 1998 and are considered adults

Date: _____

Book Deposit \$100 _____	Workbook Fee \$ _____
Visa _____	MC _____
Debit _____	Cash _____
Total Fees Paid \$ _____	

Student Name: _____
 Legal LAST name Legal FIRST name Legal MIDDLE name

Usual first name: _____

Birthdate: _____ Female Male
 DD / MM / YY

Unit# _____ Address: _____

City: _____ Postal Code: _____

Telephone (home): _____ Cell Phone: _____

Student's Email Address: _____

Citizenship: Canadian Permanent Resident/Landed Immigrant Refugee Claimant Permit

Aboriginal Ancestry: YES NO Place of Birth _____

Graduated Adult: \$375.00 YES NO International Student with permit \$1175 YES NO

Student Signature: _____ Date: _____

I certify that all statements on this application are true and complete and that no information has been withheld. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to the above information.

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 at outlined in Section 79 (2) of the School Act. The information collected on this form will be consistent with the Freedom of International and Protection of Privacy Act. If you have any questions about the information recorded on this

CANADIAN ID (ONE OF)	B.C RESIDENCY (TWO OF) (MUST SHOW NAME AND ADDRESS)
<input type="checkbox"/> Canadian Birth Certificate	<input type="checkbox"/> BC Driver License
<input type="checkbox"/> Canadian Passport	<input type="checkbox"/> Property purchase agreement
<input type="checkbox"/> Canadian Citizenship Card	<input type="checkbox"/> Tax Statement (T4)
<input type="checkbox"/> Canadian Permanent Resident Card	<input type="checkbox"/> Property Tax statement
<input type="checkbox"/> Confirmation of Permanent Resident	<input type="checkbox"/> ICBC Registration (car insurance)
<input type="checkbox"/> Refugee Claimant Document	<input type="checkbox"/> Utility bill for home of residence
<input type="checkbox"/> Work Permit Valid for 1 year with passport	<input type="checkbox"/> Bank statement
<input type="checkbox"/> First Nations/Metis Card	<input type="checkbox"/> Long term tenancy agreement
<input type="checkbox"/> ONE OF THESE IS PHOTO ID	<input type="checkbox"/> Recent BC transcript



Community Education – School District #40 (New Westminster)
COMMUNITY EDUCATION ACADEMIC EVENING COURSES/SUMMER SCHOOL
STUDENT LEARNING PLAN

ADULT GRADUATION REQUIREMENTS:

ENGLISH 12 OR COMMUNICATION 12 AND MATH 11 OR MATH 12

	<u>DATE COMPLETED</u>		START	END
<input type="checkbox"/> COMMUNICATIONS 12	_____	OR	_/_	_/_
<input type="checkbox"/> ENGLISH 12	_____	OR	_/_	_/_
<input type="checkbox"/> MATHEMATICS 11 OR 12 (AWM / PREC/ AC/ FOM)	_____	OR	_/_	_/_

PLUS SOCIAL STUDIES 11 OR CIVICS 11 AND TWO GRADE 12 COURSES OR THREE GRADE 12 COURSES

	<u>DATE COMPLETED</u>		START	END
<input type="checkbox"/> SOCIAL STUDIES 11/CIVICS 11	_____	OR	_/_	_/_
<input type="checkbox"/> GRADE 12 _____	_____	OR	_/_	_/_
<input type="checkbox"/> GRADE 12 _____	_____	OR	_/_	_/_
<input type="checkbox"/> GRADE 12 _____	_____	OR	_/_	_/_

Possible Graduation Date: _____

Graduation Goal:

I am NOT A GRADUATE. With the help of an instructor, I have completed my Student Learning Plan in order to participate in this program. I have included ALL courses I plan to take to complete Grade 12 graduation. Each time I re-register, or register for an additional course, my Student Learning Plan will be updated.

STUDENT SIGNATURE: _____ TEACHER SIGNATURE: _____ DATE: _____