



Community Education

835 Eighth Street, New Westminster BC V3M 3S9

2017-18 – ACADEMIC EVENING Form

NWSS YOUTH

CE ID# _____

Course # _____

Course # _____

INFOPRO

(NOTE: students born after July 1st 1998 are considered tuition-free)

Date: _____

Book Deposit \$100 _____ Workbook Fee \$ _____

Visa _____ MC _____ Total Fees Paid

Debit _____ Cash _____ \$ _____

Waive Fee (counselor's approval) _____

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

Usual First name: _____

Birthdate: _____ DD / MM / YY Female Male

Unit# _____ Address: _____

City: _____ Postal Code: _____

Telephone (home): _____ Cell Phone: _____

Student's Email Address: _____

Country of Birth: _____ Language most often spoken at home _____

Citizenship: Canadian Permanent Resident/Landed Immigrant Refugee claimant Permit

International Student with permit \$1175 YES NO

High School Name: _____ Current Grade level: _____

High School Counselor/Administration name: _____ Telephone: _____

Counselor/Administrator Signature: X _____
(Please attach student TIMETABLE or DESCRIPTIVE NOTE on school letterhead) by permit.

Parent/Guardian(s) Name: _____ EMAIL _____

Parent/ Guardian Signature: X _____

Student Signature: X _____

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 form, please contact your School Administrator.