



Fraser Valley Distance Education School – www.fvdes.com
REGISTRATION FORM for Grade 10 to 12 Students

46361 Yale Rd
 Chilliwack BC V2P 2P8

Phone: 604-701-4910
 Toll free: 1-800-663-3381
 Fax: 604-701-4970

PLEASE COMPLETE IN FULL, SIGN AND SUBMIT WITH REQUIRED DOCUMENTATION – PRINT CLEARLY

A) REQUIRED DOCUMENTATION CHECKLIST – please include copies of these with your registration form

- | | |
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| <input type="checkbox"/> Identification is required for all new registrants (ie: Canadian Birth Certificate, Driver's License, Indian Status Card, Landed Immigrant Papers, Passport, Study Permit) ID RECEIVED MUST BE VALID, LEGIBLE & ISSUED IN CANADA (lighten to fax)
<input type="checkbox"/> Proof of Residency (ie: adult student or parent driver's license, property tax assessment or utility bill)
<input type="checkbox"/> Report Card, Transcript, or Permanent Student Record from previous school (Gr 10,11 or 12)
<input type="checkbox"/> Timetable (if attending another school) <u>or</u> Withdrawal Form (if no longer attending previous school)
<input type="checkbox"/> Grade 10-12 Student Learning Plan
<input type="checkbox"/> Refundable Textbook Deposit or Non-refundable Course Fee where applicable | Provide the documents by:
<input type="checkbox"/> Fax 604-701- 4970
<input type="checkbox"/> Email: fvdes-reg@k12connect.ca
<input type="checkbox"/> Mail
<input type="checkbox"/> Deliver to FVDES
<input type="checkbox"/> Online Attachment |
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B) STUDENT INFORMATION (Please print legibly.)

PEN #

Date of Application:	Registering in grade:	Have you previously registered at FVDES? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student #	School Yr Applying For:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate _____ Day Month Year			Home Address _____
Legal Last Name _____				City _____ Prov _____
Legal First Name _____				Postal Code _____
Usual Last Name _____				If Shipping Address is different: <input type="checkbox"/> Also Send Mail Here
Usual First Name _____				Shipping Address _____
Middle Name(s) _____				
Previous Last Name _____				
Phone (_____) _____				City _____ Prov _____
Student Email _____				Postal Code _____

Will you be travelling outside of BC for greater than one month? Yes No Location of Travel: _____ Expected Date of Return to BC _____

C) SCHOOL HISTORY (Please print legibly.)

School Age or Adult Students: Current School or Last School Attended: _____	Cross-Enrolled Students: Are you taking courses at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Grade _____
District / City _____	Name of Current School _____
Date Last Attended _____ Grade _____	Name of Administrator or Counselor _____
Date Graduated if Applicable: _____	

International fee Paying Students:

School of Record approves registration of this student and arranges for payment for all applicable FVDES fees for courses.

_____ Signature of Signing Authority	_____ Position
_____ Contact Name	_____ Phone #

D) CITIZENSHIP INFORMATION (Please print legibly.)

E) LANGUAGE & ETHNICITY (Please print legibly.)

Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> International Student on Study Permit <input type="checkbox"/> Other <input type="checkbox"/> International Student on Exchange	Language spoken at home most often: <input type="checkbox"/> English <input type="checkbox"/> Other _____ Are you of Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Status On Reserve – Band of Residence: _____ <input type="checkbox"/> Status Off Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit
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PLEASE TURN OVER TO COMPLETE APPLICATION ➡

F) PARENT/LEGAL GUARDIAN INFORMATION (If applicable please provide Court Order stating Custody and Guardianship.)

1. Relationship To Student _____

Last Name _____

First Name _____

Living With Student Same Address

Address (if different) _____

City _____ Prov ____ Postal Code _____

Home Phone (_____) _____

Cell Phone(_____) _____

Work Phone(_____) _____

Parent Email _____

2. Relationship To Student _____

Last Name _____

First Name _____

Living With Student Same Address

Address (if different) _____

City _____ Prov ____ Postal Code _____

Home Phone (_____) _____

Cell Phone(_____) _____

Work Phone(_____) _____

Parent Email _____

G) SIBLINGS AT FVDES Yes No NAME(S) _____

H) SPECIAL SERVICES – Received at Previous School(s) (Please print legibly.)

Is there an Individualized Education Plan (IEP)? Yes No

Has this student taken part in a Learning Assistance Program? Yes No

Has this student taken part in a Resource Program? Yes No

Has this student taken part in a Support System at Previous School(s)? Yes No

Has a District Assessment Been Done? Yes No

Have assessments been completed by outside agencies: Yes No

If applicable, please list the type of assessment(s): _____

I) PAYMENT INFORMATION

Cash Certified Cheque* Debit
(No Personal Cheques)

Mastercard Visa Money Order

Credit Card # _____

Expiry Date _____ Cardholder Name _____

Please check the current FVDES Secondary Fee Schedule for course-based refundable resource deposit.

Full-time students qualify for a maximum \$100 refundable resource deposit.

Resource deposit: _____

_____:

_____:

Total: _____

NOTE: Credit Card information is not retained. Students are required to return resources within one year of course completion or withdrawal in order to obtain their deposit

J) RELEASE OF INFORMATION

The Chilliwack School District takes every precaution to protect the information disclosed in this registration form, and the confidentiality of the students and guardians documented therein. Students/Guardians should be aware that this information is stored in a provincial database and access to this data can be transferred from one school to another. You have the right to know what information this, or any other school district, has stored on you and the student, and to request updates to that information. Contact the SD33 School Board Office for more information or to arrange access to your records.

▶ _____ **By initialing this statement, I give my consent for the publication of this student's photograph / first name / schoolwork to be used on the school website, school electronic displays, on school newsletters or bulletin boards.**

Initials _____

▶ _____ **By initialing this statement, I give my consent for the student's name, parent's email address and phone number to be provided to the FVDES Parent Advisory Council for the purpose of school related activities.**

Initials _____

This signature authorizes FVDES to request student records from a previous school, including any district assessment or confidential files. FVDES will report student progress to schools and school districts and upon moving, transfer student files and records to the new school or school district on request. By signing this form, you have indicated that the information provided is accurate and complete.

▶ _____ Signature of Parent/Guardian or Secondary/Adult Student

_____ Print Name (PLEASE PRINT CLEARLY)

_____ Date

For Office Use Only: