



STUDENT NAME:	STUDENT #
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GRADE: **Grad Program:** 2018 2004 1996 1986 1950 (Adult Program) SSCP

Requested Courses for Current Enrollment	Online ✓	Resources Required	Prov Exam Session	Course Fee	Resource Deposit

Optional Planned Courses for Future Enrollment (Activation Assignment due on course registration)

- My learner strengths are: _____
- My learner weaknesses are: _____
- My career goals are: _____
- I understand that I must work at a pace set in consultation with my FVDES Counsellor and/or Teachers.
- By signing this form, I agree to begin this program immediately, and submit completed assignments regularly.
- I will comply with the FVDES Online Acceptable Use Policy posted on the website.
- I am aware that failure to submit work regularly will result in withdrawal from the course.
- FVDES School of Record students: I agree to meet the Ministry of Education’s weekly physical activity requirements.

Student signature

Parent/Guardian signature

FVDES Counsellor signature

Date

Date

Date