OUT OF DISTRICT YOUTH



Community Education 835 Eighth Street, New Westminster BC V3M 3S9

2017-18 - ACADEMIC EVENING Form

CE ID#	
Course #	
Course #	

(NOTE: students born after July 1 st 1998 are considered tuition-free)					
Date:	Book Deposit \$100 Workbook Fee \$		Workbook Fee \$		
	Visa	MC	Total Fees Paid		
	Debit	Cash	\$		
Student Name: Legal LAST name Leg	al FIRST name	e Lega	I 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 ☐ Work Permit					
International Student \$1175.00 YES NO					
High School Name:	Name: Current Grade level:				
High School Counselor/Administration name:Telephone:					
Counselor/Administrator Signature: X					
Parent/Guardian(s) Name:	EMAIL_				
Parent/Guardian Canadian status ID provided ☐ YES ☐ NO 2 pieces of BC residency provided ☐ YES ☐ NO					
Parent/ Guardian Signature: X					
Student Signature: X					
Student's Canadian Status ID provided YES NO					
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 form, please contact your School Administrator.