

# New Westminster Schools Summer Learning Registration Form (out of district)

\* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_  
 Legal Last Name      Legal First Name      Legal Middle Name      Usual First Name

\*Date of Birth: \_\_\_\_\_  
 MM / DD / YY

\*Parent or Guardian Email: \_\_\_\_\_ \*Phone No.: \_\_\_\_\_  
 Please print clearly

\*Home address: \_\_\_\_\_

\*Student Email: \_\_\_\_\_  
 Please print clearly

\* Student Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\* Inclusive Education Designation:      Yes      No      Category, if known: \_\_\_\_\_

\*Individual Education Plan (IEP):      Yes      No

\*Medical Alert:      Yes      No

\*If yes, please list any health concerns (vision, hearing, allergies, chronic illness, etc.)

Name of High School: \_\_\_\_\_ PEN: \_\_\_\_\_ Student # \_\_\_\_\_

School Counsellor name: \_\_\_\_\_ Counsellor Email Address: \_\_\_\_\_  
 Please print clearly      Please print clearly

**\*Please note that both your parent/legal guardian AND your school Counsellor must consent and sign the back page. INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**Morning Session (8:10am – 12:00pm) \*Please choose only one course per section\***

Anatomy & Physiology 12 (AM)	Chemistry 11 (AM)
Chemistry 12 (AM)	Composition 11 (AM)
<b>Creative Writing 11 (AM)-CANCELLED</b>	<b>English Studies 12 (AM)-FULL</b>
Explorations in Social Studies 11 (AM)	<b>Found. of Math &amp; Pre-Calc10 (AM)-FULL</b>
Foundations of Math 11 (AM)	Literary Studies & Composition 10 (AM)
Physics 11 (AM)	Physics 12 (AM)
<b>Pre-Calculus 11 (AM)-FULL</b>	Pre-Calculus 12 (AM)
<b>Science 10 (AM)- FULL</b>	Social Studies 10 (AM)
Workplace Mathematics 11 (AM)	

**Afternoon Session (12:30pm – 4:20pm) \*Please choose only one course per section\***

Chemistry 11(PM)	English Studies 12 (PM)
<b>Found.of Math &amp; Pre-Calc 10 (PM)-FULL(WAITLIST)</b>	Life Sciences 11 (PM)
Literary Studies & Composition 10 (PM)	
Pre-Calculus 11 (PM)	

**\* Daily attendance is mandatory (students who miss two classes will be automatically withdrawn)**

**Courses may be subject to cancellation based on enrollment levels or staffing constraints.**

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 provide to health services, social services, or support services as outlined in Section 79 (2) of the School Act. The information collected on this form will be consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

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## PARENT Consent

### PLEASE PRINT CLEARLY

Student name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

*I agree to support my child with his/her educational program by monitoring my child's progress in this course(s) and I understand that I may contact teachers, administrators, and support staff with any questions I have about the course or when I have concerns about my child's progress and/or effort. I will also encourage my child to communicate with the teacher(s) on a regular basis.*

*As a parent/guardian, I agree to the commitment above.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Alternate Parent Consent via counsellor or teacher contact with parent

\_\_\_\_\_  
Counsellor or Teacher Name

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

## School COUNSELLOR's Consent

### PLEASE PRINT CLEARLY

Student name: \_\_\_\_\_

Counsellor name: \_\_\_\_\_

*1. This is to confirm that the student listed above is NOT taking the same course in a classroom or taking the same course elsewhere online at the same time as they plan to take the course with Summer Learning New Westminster.*

*2. This is to confirm that our school district has a residency policy that is consistent with the School Act and that the student listed above is ordinarily resident in BC (and where applicable) with their parent/legal guardian. Furthermore, the day school maintains evidence in the student file that supports this claim.*

*3. That the day school maintains a graduation plan/timetable for this student and that the course(s) selected is listed on this graduation plan and will be responsible for submitting the final grade(s) to the Ministry.*

*As the day school counsellor, I agree with the statements above.*

\_\_\_\_\_  
Counsellor Signature

\_\_\_\_\_  
Date

If your school does not use the MyEducation BC Portal, you will need to provide specific ID documents with your registration. This information can be found on our district website: <https://newwestschools.ca/programs-services/summer-learning/full-credit-courses/>