

APPLICATION FORM

GR. 12 ADULT DOGWOOD /

ADULT BUSINESS SKILLS CERTIFICATE

Enrolling School:Fraser Valley Continuing EducationLocation of classes:45460 Stevenson Road, Chilliwack, BC V2R 2Z6Phone:604-858-9424Fax:604-858-2981

Student Information

Birthdate _____

Gender _____

Please note: Legal names must match those listed on birth certificate:

Legal First Name_____Legal Last Name _____

If legal name is not preferred name enter preferred name

Do you have a Legal Middle Name? If so, provide ______

Are you enrolled at any other BC school or taking any Distance Learning (DL) courses at any other BC school? Yes _____ No _____

Citizenship and Ancestry (check one)

Canadian Citizen	Permanent Resident (PR)	Landed Immigrant
Other (please specify)		

Do you have aboriginal ancestry? Yes_____ No _____

Primary language spoken at home: _____

Residence Information

Please note that this information must match your documents submitted as proof of residency.

Street Address:	
City	Postal Code
Cell phone	Alternate phone
Email address	

If mailing address above is not same as above, please provide mailing address below:

Medical information Please indicate any medical concerns that the school should be aware of and

whether they are life threatening_____

Signature _____

The information on this form is collected under the authority of the School Act, Section 13 & 79. The information will be used for educational program and administrative purposes, and when required, may be provided 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 protected 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.