

APPLICATION FORM

GR. 12 ADULT DOGWOOD /

ADULT BUSINESS CERTIFICATE OF TECHNOLOGY

Enrolling School: Fraser Valley Continuing Education

Location of classes: 45460 Stevenson Road, Chilliwack, BC V2R 2Z6

Phone: 604-858-9424 Fax: 604-858-2981

| Student Informati | on . | |
|--|--|--|
| Birthdate | Gender | |
| Please note: Legal names mus | t 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 No | BC school or taking any Distance Learning (DL) courses at any other BC school? Yes | |
| Citizenship and A | ncestry (check one) | |
| Canadian CitizenPermanent Resident (PR)Landed Immigrant | | |
| Other (please specify) Do you have aboriginal ances Primary language spoken at h | | |
| | on must match your documents submitted as proof of residency. | |
| City | Postal Code | |
| Cell phone | Alternate phone | |
| Email address | | |
| If mailing address above is no | t same as above, please provide mailing address below: | |
| | | |
| | On Please indicate any medical concerns that the school should be aware of and ng | |
| 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.