



**REGISTRATION FORM  
PLANNING 10**  
Home Learners' Program  
School District No. 67 (Okanagan Skaha)

Office Use Only

PEN # \_\_\_\_\_

BCeSIS # \_\_\_\_\_

**STUDENT INFORMATION (please complete all areas)**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name (no initials)</i>	<i>Birthdate (yyyy-mm-dd)</i>
<i>Mailing Address:</i>	<i>Home Phone</i>	<i>Student's Email</i>	
<i>City:</i>	<i>Parent's/Guardian's Name</i>	<i>Parent's Email</i>	
<i>Postal Code:</i>			

**ENROLMENT INFORMATION**

<i>Name of Current School Registered In</i>	<i>Grade</i>	<i>Principal's Approval (for Planning 10)</i>
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**COURSE OPTIONS**

	<u>Start Date</u>	<u>Completion Date</u>
PLANNING 10 <input type="checkbox"/>	_____	_____

\_\_\_\_\_  
*Student's Signature*\_\_\_\_\_  
*Parent's Signature*\_\_\_\_\_  
*Date***STUDENT LEARNING PLAN****Online Planning 10 course.**