2010-2011

REGISTRATION FORM
STAND-ALONE COURSES
Grades 10 – 12

Home Learners' Program
School District No. 67 (Okanagan Skaha)

PEN # .....
BCeSIS# .....

STUDENT INFORMATION *(please complete all areas)*

Last Name	*First Name*	*Middle Name (no initials)*	*Birthdate (yyyy-mm-dd)*

Mailing Address:	*Parent/Guardian Name(s)*	*Home Phone*
City:	*Parent/Guardian Cell Phone*	*Student's Phone*
Postal Code:	*Parent/Guardian Email*	*Student's Email*

ENROLMENT INFORMATION

Name of Other School Registered In (If applicable)	*Grade*	*Principal's Approval*

COURSE OPTIONS *(circle grade; check appropriate boxes)*

ENGLISH 10 11 12	☐
MATH 10 WA *or* FP-C	
MATH 11 *or* 12	
Principles	☐
Applications	☐
Essentials	☐
PE 10 11 12	☐
PLANNING 10	☐
SCIENCE 10 11 12	☐
SOCIAL STUDIES	
10 11 12	☐

OTHER *(specify)*_____	☐
_____	☐
_____	☐

Student's Signature *Parent's Signature* *Date*

Home Learners' Program
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