

SOUTH CENTRAL INTERIOR DISTANCE EDUCATION SCHOOL

PO Box 4700 Stn Main Merritt, BC, Canada V1K 1B8 www.scides.org

PHONE: (250) 378 - 4245 TOLL FREE: 1 - 800 - 663 - 3536 FAX: (250) 378 - 2158

- Schools must complete this application and submit on behalf of the student.
- ✓ SCIDES will bill schools for all costs. **SCIDES cannot accept payment directly from parent/student.**
- ✓ Courses expire September 1st.
- Courses available online. Consult with SCIDES Flex Ed Coordinator prior to making course selection.

A. STUDENT INFORMATION	ON:																
LEGAL LAST NAME			LEGAL FIRST NAME		LEGAL MIDDLE NAME(S)			GENDER									
USUAL LAST NAME			USUAL FIRST NAME														
					mm/dd/yyyy												
Cell Home			STUDENT TELEP		Work												
Tionic Tionic		JIIIC															
STUDENT EMAIL ADDRESS:			PARENT NAME:														
				PARENT EMAIL ADDRESS													
STUDENT MAILING ADDRESS				SCHOOL CONTACT:													
CITY	PROVINCE	POSTAL CODE SCHOOL CONTACT EMAIL:															
CURRENT SCHOOL: Name//Phone/Fax (use school stamp if available) Authorization to			Authorization to inv	nvoice for tuition and requested texts.													
			Name (<i>Please Print</i>): Title: Signature:														
												This signature authorizes SCIDES to bill the School for all applicable fees					_
									B. COURSE INFORMATION					C. PA	YMENT INFO	RMATION	
COURSES REQUESTED	Assigned Activities			Test	Course Fee: \$150/cours												
	Units/Assignments			(YES/NO)													
					Refundable Text Deposit: \$50 (if texts required)												
				Total:													
					\$												
Deposits will be refunded onl	y when all textbooks are i	return	ed in good cond	ition. Textbooks n	nust be r	eturned within	2 weeks of c	ourse completion or									

withdrawal from the course(s). An invoice for the full replacement value will be issued for any textbooks not returned, minus any deposit on file.