

# Flex-Ed Application

## South Central Interior Distance Education School

PO Box 4700 Station Main, Merritt, B.C. V1K 1B8

Toll Free: 1-800-663-3536 Fax: 250-378-1447

To register, all of the following must be included with this completed application form:

- completed *Course Resource Order Form(s)* – if texts are required from SCIDES;
- payment or authorization to bill the school for course tuition and any textbook deposits required
  - **COST** -- \$25 per section / paper or \$100.00 per module

**NOTE: Flex-Ed is only available for schools to designate the selection of material**

PLEASE TYPE OR PRINT USING BLOCK LETTERS – ALL INFORMATION MUST BE COMPLETED

Student Surname	First Name	Middle Name(s)	Birthdate		
			Month	Day	Year
Grade	Pen #			Gender (circle)	
				Male	Female
Telephone	Student Mailing Address			Postal Code	
Current School				School Phone	

**NOTE:**

- September through June 30<sup>th</sup>, SCIDES bills the school of record **directly**. Payment from parents is not accepted.
- SCIDES will **not** assign a final grade. Marks are sent to the school to finalize the student's grade.
- Courses expire 6 months from enrolment date.

Please check: Parent has been notified and has accepted this plan.  Date: \_\_\_\_\_

Course Requested	List module/sections/tests required (e.g. module 3 section 1)	Total sections	X \$25 =
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School will supply textbooks

SCIDES will supply textbooks

*(attach Course Resource Order Form)*

### SCHOOL PAYMENT OPTIONS

<input type="checkbox"/> OPTION A: <b>Bill School</b>	<input type="checkbox"/> OPTION B: <b>School Credit Card</b>	<input type="checkbox"/> OPTION C: <b>School Cheque/Money Order</b>
School Stamp	School Name on card:  MATERCARD OR VISA #  Expiry Date	Total Tuition \$ _____ <i>(non-refundable)</i> Total Text Deposit \$ _____ <i>(refundable)</i> Kits \$ _____ <i>(non-refundable)</i> <hr/> PAYMENT TOTAL \$ _____ Cheques/Money Orders payable to <b>School District #58</b>

**NOTE: School signature required to ensure the acceptance of this program for credit:**

\_\_\_\_\_  
Signature of School Administrator or Designate

\_\_\_\_\_  
Date