



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

SECONDARY APPLICATION

PHONE: (250) 378 - 4245
TOLL FREE: 1 - 800 - 663 - 3536
FAX: (250) 378 - 1447

REGISTRATION CHECKLIST:

- Complete all fields on this application form
- First Assignment for each course requested (Gr 10 -12) or HACE assignment (Gr 8-9)
- Identification (ie copy of: Birth Certificate (preferred), Passport, Landed Immigrant Papers, Status Card, Driver's License, etc.)
- Transcript or Permanent Student Record (Gr 10, 11, or 12) or Report Card (Gr 8 or 9)
- Materials Deposit

A. STUDENT INFORMATION:

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE NAME(S)		GENDER M / F	
USUAL LAST NAME		USUAL FIRST NAME		BIRTH DATE mm/dd/yyyy		<input type="checkbox"/> Copy of Identification attached (required)	
PARENT(S) / LEGAL GUARDIANS ARE PERMANENT RESIDENTS OF BC? YES NO						<i>Note: Proof of BC Residency is required for students leaving the country (i.e.: copy of property tax notice or utility bill). \$200.00 non-refundable mailing fee per student is payable upon registration if marked assignments are to be mailed out of country.</i>	
PREVIOUS LAST NAME IF APPLICABLE		TELEPHONE NUMBERS:					
Home		Cell		Work			
STUDENT EMAIL ADDRESS:							
MAILING ADDRESS				PHYSICAL STREET ADDRESS (If different)			
CITY		PROVINCE	POSTAL CODE	CITY		PROVINCE	POSTAL CODE
FIRST AND LAST NAME OF MOTHER/GUARDIAN (Indicate Relationship)				ADDRESS AND TELEPHONE NO. (If different from Student)			
FIRST AND LAST NAME OF FATHER/GUARDIAN (Indicate Relationship)				ADDRESS AND TELEPHONE NO. (If different from Student)			
PARENT EMAIL ADDRESS (For school/home communication purposes only)				FIRST NATIONS, METIS, INUIT, ABORIGINAL ANCESTRY? YES NO			
				DO YOU LIVE ON A RESERVE? NO YES → RESERVE NAME: _____			
Does your child have special learning needs? YES NO		Does your child have any medical issues that affect his/her learning? YES NO		* If yes to either question, attach documents if possible.			
<input type="checkbox"/> I AM CURRENTLY ENROLLED AT ANOTHER SCHOOL CURRENT SCHOOL Name/Address/Phone: _____				<input type="checkbox"/> NOT REGISTERED IN ANY OTHER SCHOOL/PROGRAM LAST SCHOOL ATTENDED Name/Address/Phone: _____			

I LEFT GRADE _____ ON _____, _____ LAST SCHOOL GRADE COMPLETED _____ YEAR LAST GRADE COMPLETED _____

MY GRADE AS OF SEPTEMBER IS: (circle one) Gr 8 Gr 9 Gr 10 Gr 11 Gr 12 Graduated Unknown PEN

B. PAYMENT INFORMATION

DEPOSIT (out of country = full value of resources) • School Age Students: \$100.00 total (to a maximum of \$300.00/family) • Over age 19 or Graduated Student: \$100.00 /course	Total Deposit: \$ _____	Cash _____ Cheque _____ Other _____ Cardholder Name: _____ Expiry Date: _____ VISA OR MasterCard # _____
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Grades K-9 students enrolled in another school only: TUITION \$600.00/course

CURRENT SCHOOL: Name/ Phone/Fax (use school stamp if available)	Authorized to invoice for tuition and requested texts. Name (Please Print): _____ Title: _____ Signature: _____ <i>This signature authorizes SCIDES to bill the School for all applicable fees</i>	CAN SCHOOL SUPPLY ALL TEXTBOOKS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOME required from SCIDES: (list here)
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Deposits will be refunded only when there has been activity in the course and all textbooks are returned in good condition. Textbooks must be returned within eight weeks of course completion or withdrawal from the course(s) or an invoice for the full replacement value will be issued for any textbooks not returned, minus any deposit on file.

C. SCIDES STUDENT LEARNING PLAN (complete sections a - d):

- a) Note anything that may affect your school work (job, family responsibility, illness, travel, sports, etc.)
- b) Who will support you in your learning at home?
- c) Long-term goals: Plans for after high school (*post-secondary plans / future career choices*)
- d) List Interests, Hobbies, Extra-curricular Courses:

If enrolled at another school, have your local school counsellor verify Student Learning Plan to speed up the application process (optional)

I certify that the requested courses below in Section D fit into the Student Learning Plan as established by:

Counsellor Name (*please print*) _____

Counsellor Signature _____

Date _____

(School Stamp)

The Applicant confirms the legal guardian, student, and home facilitator's commitment to working together with SCIDES in completing the coursework agreed to by all parties during the normal academic calendar (unless otherwise negotiated). Working together is defined by consistent activity in courses (unless previously agreed to, consistent activity is defined as weekly submissions according to the personal education plan of the student) and continuous communication with SCIDES teachers.

APPLICANT INITIALS _____ PARENT/GUARDIAN INITIALS (*if under 19 years of age*) _____

D. COURSE INFORMATION

www.scides.ca or phone for course offerings as well as delivery options.

COURSES REQUESTED FROM SCIDES	SELECT ONE			COURSES PLANNED OR UNDERWAY AT OTHER SCHOOL(S) OR DL PROGRAM(S) <i>(if applicable)</i>
	Online	Print	Online Supported	

PUBLICITY WAIVER

I hereby permit the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council for the purpose of school related communications.
PARENT/GUARDIAN INITIALS _____

I hereby permit my name or my child's name or photos to be used in any school publication including a monthly newsletter, or web pages as well as newspaper recognition of achievements.
Adult Student or PARENT/GUARDIAN INITIALS _____

By signing this form, the applicant/parent-guardian agrees that materials on loan will be kept in good condition and returned promptly when the applicant completes or discontinues the course(s). If the materials are not returned in good condition, then the applicant agrees to pay the replacement cost and/or will forfeit the deposit. My signature also authorizes SCIDES to report to schools, school districts or post-secondary institutions, and upon moving to another region, to transfer the file to the appropriate school.

DATE: _____

SIGNATURE OF APPLICANT

PARENT/GUARDIAN SIGNATURE (*if under 19 years of age*)

FOR OFFICE USE ONLY:

Date: _____ Advisor: _____

Status: <input type="checkbox"/> School Age <input type="checkbox"/> Adult <input type="checkbox"/> Graduated Adult
PSR: <input type="checkbox"/> request <input type="checkbox"/> copy OK <input type="checkbox"/> request copy <input type="checkbox"/> on hand
Grad Program: <input type="checkbox"/> 2004 <input type="checkbox"/> 1995 <input type="checkbox"/> 1950 <input type="checkbox"/> 1986 <input type="checkbox"/> pre-1986
Grade: _____
Enroll reason: _____
<input type="checkbox"/> Provincial Exam Info

RESPONSIBILITIES

PARENTS:

Our years of experience in Distributed Learning, and educational research, supports that parents play an important role in helping their child achieve success in their learning.

The role of the parent in the SCIDES environment:

- Work with the SCIDES teacher to develop a Student Learning Plan for the year
- Communicate regularly (bi-weekly) with your teacher to share problems or successes with curriculum
- Support the learning process by:
 - Regular communication (bi-weekly) with your teacher to share problems or successes with curriculum
 - supporting the work of your child by being an active participant
 - setting daily goals
 - assisting in teaching your child time management
 - ensuring work is submitted regularly, or that portfolio guidelines are followed

SCIDES TEACHERS:

- Work with parents to develop a student learning plan that supports Provincial curriculum
- Provide and / or approve learning resources to meet the student learning plan
- Assess and provide reports on student progress
- Initiate regular contact with students and parents

I have read and understand my role and responsibilities as the parent/legal guardian of a student enrolled with the South Central Interior Distance Education School

Signature of Parent/Legal Guardian

Date Signed