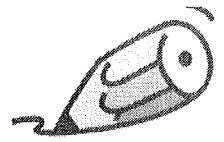


# SCIDES RE-REGISTRATION



Date: \_\_\_\_\_

## A. CONTACT INFORMATION

Name:	Phone: (h) _____ (w) _____
Grade:	Cell: _____
Mailing Address:	Email: _____
	Other: _____

## B. CURRENTLY-ENROLLED COURSE PLANS:

Course Name	Continuing ✓	Quit course (give brief reason please)

## C. COURSES BEING REQUESTED: (course offering list @ [www.scides.ca](http://www.scides.ca) – \*\* include 1<sup>st</sup> assignments for requested courses)

Course Name	Send course NOW ✓ **	Send course for SEPT ✓	Planned for later this year ✓

## D. COURSES BEING TAKEN ELSEWHERE: (currently enrolled or planned)

Course Name	School/Program Name	Planned Start Date

## E. COUNSELLOR'S NAME IF ENROLLED IN ANOTHER SCHOOL/PROGRAM

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Student and legal guardian confirm their commitment to working with SCIDES in completing the above coursework in a timely manner.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 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