



# South Central Interior Distance Education School Application Form K – 7

This form must be complete  
Please print or type clearly

**To be completed by parent or legal guardian**

PO Box 4700 Stn Main  
Merritt, B.C.  
V1K-1B8  
Phone: 1 800 663 3536  
(250) 378 4245  
Fax: 250 378 1447

A. Student Information				Date:	
Student PEN#:				SCIDES Student #:	
Legal Surname:			Usual First Name:		
Legal First Name:			Usual Surname:		
Legal Middle Name:			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Copy of Birth Certificate Attached <input type="checkbox"/>	
Date of Birth:	yyyy/mm/dd		Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other	Language Most Often Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Other:	
Country of Birth:	<input type="checkbox"/> Canada: Province <input type="checkbox"/> Other:		Will you be traveling out of Province? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes we require:</i> <input type="checkbox"/> Proof of BC Residency (copy of property tax notice or utility bill) <input type="checkbox"/> \$200. Non-refundable mailing fee <input type="checkbox"/> Letter stating when you plan to return to BC	
Physical Street Address:			Mailing Address if Different from Home Address		
City:			City:		
Province or Country	Postal Code			Province or Country	Postal Code
First & Last Name of <input type="checkbox"/> Parents <input type="checkbox"/> Legal Guardians	Please Print		Address if different from student's		
Telephone / Fax numbers	Home Phone:	Work:	Fax:	Other:	
Parent /Guardian email address			Student's email address:	Parent(s) / Legal Guardian(s) are permanent residents of BC <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You of Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non Status	Band Code:	Do you Live on a Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Education											
Copy of most recent report card included	<input type="checkbox"/> Yes <input type="checkbox"/> No				Has student received Learning Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Has student had an Individual Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				Learning Assistance areas of focus:						
Year of last IEP					Student has had a District assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
Copy of IEP included	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				Copy of recent District assessment included	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
Registering in		K <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Name and address of Last School Attended	
Last Grade completed		K <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>		
Year and month of last attendance											
This Signature authorizes SCIDES to request student records and confidential files from a previous school. SCIDES will report student progress to schools and School Districts and upon moving, transfer student files and records to the new school or School District on request. By signing this form, you have indicated the information is accurate.										Signature of Parent/Legal Guardian	

**C. In-School Students: students enrolled in another school**

School Name:	Phone:	Fax:
Signing Authority Name: <i>please print</i>	Title:	Date:
Signature:	List Grade/Courses Required:	
This signature authorizes South Central Interior Distance Education school to bill the School District or Independent school for fees as applicable and guarantees the School District or Independent School will pay all of the fees to the Distance Education School.	Can school supply all textbooks?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>Deposits for texts/resources vary by grade. Contact us for costs.</i>	

**D. Parent Consent – School Publications**

I give my consent for the publication of my child's photograph/first name/schoolwork/ in our school publications and website.  
 Yes  No

_____ Parent Signature	_____ SCIDES Teacher Signature
Date:	Date:

**E. Computer Information**

Student has their own computer <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Loan Request <input type="checkbox"/> Yes <input type="checkbox"/> No (Requires additional \$100 deposit)	Internet request: <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Operating System <input type="checkbox"/> Mac <input type="checkbox"/> PC
Internet Access: <input type="checkbox"/> Modem <input type="checkbox"/> High Speed	**We have a limited number of computers to loan to students. Therefore, computers are available to students for whom we are the school of record.		

**F. All Applicants**

The signing of this form indicates that the information is accurate and complete and that the Applicant understands that no materials will be forwarded until fees (where applicable) are paid; that the fees paid cannot normally be refunded or transferred; that only part of a course is sent out at a time; that course papers are forwarded on the understanding that work required will be completed and returned as directed; and that enrollment remains valid for one year.	Initials
By signing this form the Applicant agrees that non-consumable materials will be kept in good condition and returned when the Applicant completes or discontinues the course(s). Textbook/resource deposits will be refunded when all textbooks are returned in good condition. Textbooks must be returned within eight weeks of course completion, or withdrawal from SCIDES or an invoice for the full replacement value will be issued for any textbooks not returned, minus any deposit on file.	Initials
The Applicant confirms the legal guardian, student, and home facilitator's commitments 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.	Initials
The Applicant understands that if the student is inactive, he/she may be withdrawn from the course(s)	Initials

**G. Payment Information**

<b>PAYMENT METHOD</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa  Credit Card #: _____ Expiry Date: _____ Cardholder's Name: _____	<p style="text-align: center;"><b>Do not send cash in the mail</b></p> Text/Resource deposit \$100.00/grade (max. \$300.00/family) _____ *Out of Province Text/Resource Deposit - Please contact us for costs _____ *Out of Province postage fee \$200.00 N/R _____ In-school course fee: Please call for individual course costs _____ Computer Deposit \$100.00 _____ <p style="text-align: right;"><b>Total</b></p> _____	<b>Checklist:</b> Have you remembered to include these with your application? <input type="checkbox"/> Copy of Birth Certificate, Passport, or Landed Immigrant Papers <input type="checkbox"/> Copy of most current report card <input type="checkbox"/> Deposit fee for text books <input type="checkbox"/> Proof of B.C. Residency (copy of property tax notice or utility bill) <input type="checkbox"/> A letter stating when you will be returning to BC if you are traveling Out of Province <input type="checkbox"/> Registration Assignment  <p style="text-align: center;"><b>Please call to arrange an interview</b></p>
--	---	--

Revised June 09, 2008