



## Distributed Learning Student Course Selection/Enrolment Form

### Carson Graham IB: Career-Life Education 10, Career-Life Connections 12

**IMPORTANT NOTE:** Please submit this form via one of the following: e-mail to [dreg@sd44.ca](mailto:dreg@sd44.ca); fax to 604 903 3334; mail or drop off at 3365 Mahon Avenue, North Vancouver, B.C. V7N 3T7

**Student Information - (All yellow highlighted fields are mandatory)**

Select Course to be taken:       Career-Life Education 10       Career-Life Connections 12

**Student Name:** \_\_\_\_\_ **Birthdate (dd-mmm-yyyy):** \_\_\_\_\_

**Student Email Address:** \_\_\_\_\_ **Gender:**  Male  Female **Preferred:** \_\_\_\_\_

**\*\*Please be sure to check your junk mail for login information.**

**PEN # (9 digits):** \_\_\_\_\_ **MyEdBC Pupil #:** \_\_\_\_\_

Choices     IEP     International Student

**Parent Email Address:** \_\_\_\_\_ **Parent Name:** \_\_\_\_\_

**Commitment to Learning / Declaration:**

**I understand that as a North Vancouver Distributed Learning Student it is my responsibility to:**

- Understand the policies and procedures of the NVDLS as outlined on the website [www.sd44.ca/school/distributed](http://www.sd44.ca/school/distributed)
- Start the course within 3 weeks of registering, communicate regularly with my teachers and complete all coursework in a timely manner
- Ensure that all work submitted is my own and to properly cite any outside sources used
- Use the Internet safely by employing appropriate language and web tools when completing my coursework and submitting assignments
- Provide accurate and complete information on this form, and
- Provide a copy of a current Individualized Education Plan (IEP), if applicable, and
- Understand that I have a legal right to cross-enrol between schools and/or BC School Districts

In order to provide appropriate student support, the North Vancouver School Distributed Learning School requests your permission to obtain and share information regarding your student's academic and social/emotional learning needs between the student's home school (school of record) and NVDLS.

It is understood that information regarding assessments, learning needs, Individual Education Plans (IEPs) and any other recommendations for support will be exchanged confidentially between school personnel.

The applicant hereby authorizes the release of all previous records to the North Vancouver School District (NVSD), and authorizes NVSD to report to schools, school districts, or post-secondary institutions where records exists.

**Student Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**School Acknowledgement**

Your signature as a representative of the school of record (home school), verifies that:

- A permanent Student Record is on file for this student, including proof of identity and residency for both student and parent/legal guardian
- A Student Learning / Graduation Plan is on file for this student
- This grade placement on this form is accurate and course pre-requisites have been met, if applicable
- This student is not currently taking this (these) course(s) at your school

**Principal/Designate Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**School of Record:** \_\_\_\_\_ **Phone:** \_\_\_\_\_