

Payment Method:
Amount \$:
Receipt #:
Date:

The Link Distributed Learning School: 2022-2023

Application Form for Grades 10-12 and Adult Learners

Registration Completion Verification: <input type="checkbox"/> Registration Form <input type="checkbox"/> Course Selection Form <input type="checkbox"/> Student Agreement <input type="checkbox"/> Identification <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Fee if applicable	OFFICE USE ONLY	FOR OFFICE USE ONLY Pupil #: MyEd Date: Request Student File? Yes No
	<input type="checkbox"/> Non-Graduate/School Age <input type="checkbox"/> School Age Graduate = born on or after July 1, 2003 <input type="checkbox"/> Adult Graduate = born before July 1, 2003 <input type="checkbox"/> International - ISP \$750.00 <input type="checkbox"/> Adult Graduate (see exempt courses) \$600.00 Courses applying for:	

Student Information (Read through all pages, and fill out all fields of the registration form)

LEGAL LAST NAME	LEGAL FIRST AND MIDDLE NAME	Gender at Birth: Male Female Gender Identity: Male Female Non-Binary
USUAL LAST NAME	USUAL FIRST NAME	ARE YOU ATTENDING A SCHOOL OTHER THAN THE LINK? <input type="checkbox"/> Yes, (name): _____ <input type="checkbox"/> No, last school attended: When?
PREVIOUS LAST NAME (if applicable)	BIRTHDATE DAY/MONTH/YEAR	
STUDENT #:	PLACE OF BIRTH (City, Province, Country)	HAVE YOU GRADUATED HIGH SCHOOL? <input type="checkbox"/> Yes, Year: _____ <input type="checkbox"/> No Graduated from: (name school, city and province):
STUDENT EMAIL ADDRESS		Has student received learning assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a current Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please provide a copy of the IEP
HOME ADDRESS including postal code	STUDENT PHONE NUMBER	

Parent/Guardian Information (Only if student is 18 years and younger)

LAST NAME: FIRST NAME: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify: HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above) PHONE NUMBER: PLACE OF EMPLOYMENT: BUSINESS PHONE: EMAIL ADDRESS:	LAST NAME: FIRST NAME: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify: HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above) PHONE NUMBER: PLACE OF EMPLOYMENT: BUSINESS PHONE: EMAIL ADDRESS:
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Grade 10 -12 students wishing to register at the Link as their only school, please check any/all that have impacted or are impacting the student's learning:

- Anxiety
 Social Relationships
 Family Relationships
 Other

We will not accept any registration forms without the proper documentation and ID requested.

Emergency Contact

LAST NAME:	FIRST NAME:
RELATIONSHIP TO STUDENT:	
HOME ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
Can this person pick up the student? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Identification

Medical Information

STUDENT CARE CARD NUMBER:
FAMILY DOCTOR: PHONE:
<p>LIFE THREATENING HEALTH CONDITION If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school.</p> <ul style="list-style-type: none"> ○ Anaphylactic or severe allergies to food or insect stings ○ Asthma that has resulted in hospitalization in the past year ○ Blood clotting disorder (e.g. hemophilia) ○ Diabetes ○ Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years ○ Serious heart condition (e.g. heart murmur, heart repair) ○ Other – please specify:

Proof of Residency

****Please attach these documents with the registration form****

❖ **Canadian birth certificate, passport or permanent residency card:**

❖ **BC driver's license, utility bill, BC ID, Rental agreement.**

POLICIES

- A 100% refund is provided up to 7 calendar days prior to the start date of the course
- There are no refunds once the course has started
- It is the student's responsibility to fill out a refund request form, which may take up to 3 weeks to be processed
- Refunds will not be issued for receipts older than 24 months
- If you withdraw from a course, you will be ineligible to take that course tuition-free again for a year.

FEES

<u>Adult Graduated Student Fee:</u>	Grade 11 &12 courses except for those listed below:	No fee
	Grade 10 courses	\$600
<u>International Student Fee:</u>	In District students (ISP): Course Request Form Approved	
	In District students (ISP): Request Form Not Approved	\$750 per course

I certify that the information I have provided on this form is correct:

Signature of parent or guardian
Student signature if student is 19 years old or older

Date

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Course Enrolment: Grades 10-12 and Adult Learners

Please select (X) the course(s) you would like to enroll in.

Student Name: _____ Date: _____

Grade 10		Grade 11		Grade 12	
English: Choose course listed below		Composition	<input type="checkbox"/>	English Studies	<input type="checkbox"/>
Literary Studies	<input type="checkbox"/>	Explorations in Social Studies	<input type="checkbox"/>	Anatomy and Physiology	<input type="checkbox"/>
Composition	<input type="checkbox"/>	Foundations of Mathematics	<input type="checkbox"/>	Chemistry	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	Life Sciences	<input type="checkbox"/>	English First Peoples	<input type="checkbox"/>
Foundations of Mathematics & Pre-Calculus	<input type="checkbox"/>	Chemistry	<input type="checkbox"/>		
Science	<input type="checkbox"/>				
Career Life Education	<input type="checkbox"/>				
Physical and Health Education	<input type="checkbox"/>				

Student Signature: _____ Parent / Guardian Signature: _____

(Not required if student is 19 years old or older)

PLEASE NOTE : Students are not officially registered in their course(s) at The Link until the first assignment(s) have been completed.

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GRADUATION PLANNER

THIS FORM MUST BE COMPLETED BY SCHOOL AGED STUDENTS

I am an adult, taking the course(s) listed on the course selection form.

I am a high school student, in Grade _____ presently taking most of my courses at

_____ High School. I have identified, below, the courses I am presently taking, or have taken, which lead toward high school graduation.

Student Name:

Student Signature:

Date:

REQUIRED COURSES		
SUBJECT AREA	Minimum Credits	Registered In or Completed
Career Life Education	4	
Career Life Connections (Capstone Project)	4	
a Language Arts 10*	4	
a Language Arts 11*	4	
a Language Arts 12*	4	
a Mathematics 10*	4	
a Mathematics 11 or 12*	4	
a Fine Arts and/or Applied Skills 10, 11 or 12*	4	
a Social Studies 10	4	
a Social Studies 11 or 12*	4	
a Science 10	4	
a Science 11 or 12*	4	
Physical and Health Education 10	4	
TOTAL	52	
ELECTIVE CREDITS		
Students must earn at least 28 elective credits from Grade 10-12 courses.	28	
OVERALL TOTAL	80 credits**	
** Of the 80 credits for graduation, at least 16 must be at the Grade 12 level, including a Grade 12 Language Arts course. Others may be required courses or elective credits.		

GRADUATION ASSESSMENTS

Numeracy Assessment

Literacy Assessment

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Expectations for Students using School or District Electronic Communications Systems

The following are expectations for students using electronic communications systems including but not limited to accessing the Internet and e-mail through the District's/Schools' networks.

Students in Grades 6-12, signing this document agree to the following terms and conditions.

School rules apply: As a student, I understand that there are school rules related to expected conduct, the use of appropriate language including making fair and respectful comments, and guidelines for responsible behavior.

I understand that any other "School Rules" related to using technology must also be followed. More specifically, without limiting the above, I agree that:

- I understand that having access to use e-mail will be at the discretion of my school.
- I will use electronic communications systems for lawful educational purposes only.
- I will handle with care and consideration any electronic communications equipment so as to avoid or minimize any physical damage or damage to data.
- I will use network services in such a way that performance is not disrupted or terminated.
- I will use my time and required materials so as not to be wasteful.
- I will use every effort so as not to corrupt the files or systems of other users.
- I will respect the privacy of other users.
- I will use language that is not considered offensive or threatening to others.
- I will avoid receiving, keeping or distributing inappropriate materials, including material that is obscene, pornographic, sexist, racist, belligerent or harmful to others.
- I will inform my teacher or principal if I come across any sites, material, information or situations that I believe contain inappropriate material.
- I will not meet with any strangers I talk to on the Internet without first consulting my parent or guardian.
- I will not distribute personal information about myself or anyone else through the District or school server including names, school, interests, extracurricular activities, home or school address or phone numbers. I may however, post school projects and work on the Internet as approved by my teacher.
- I will only use what I believe to be authorized, legal copies of information and software.
- If provided, I agree to keep any network service password secret and I agree that I will not use someone else's password to access the system.

Plagiarism & Copyright:

- I agree that I will not copy any information and claim it as my own.
- I will ask the original author for written permission to use the graphics or any copyrighted works, including works of art, compositions, text, symbols, sayings, cartoons, excerpts, and quotations.
- I agree that I will give written credit for sources of information for my work.

Consequences of unacceptable use: The consequences for breaking any rules that apply to use of any electronic communications system, include but may not be limited to the following:

- Loss of privileges to access and use any electronic communications systems.
- Possible disciplinary action through the School Code of Conduct.

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I understand that I am personally responsible for my actions, errors, and omissions in using a District electronic communications system and accessing the Internet. I further understand the consequences for failing to comply with the terms and conditions of these regulations, may well exceed school disciplinary action, and may include criminal investigations, civil suits or both.

Student Use Agreement – (Grades 10-12)

I have read, understand and will abide by the **“Expectations for Students Using School or District Electronic Communication Systems”**. I will use resources responsibly, respect the rights of others and will not use these systems for unethical or illegal activities. I further understand that any violation of the district policy or regulation using electronic communications systems is unethical and may constitute a criminal offense. Should I commit any violations, my access privileges may be revoked, school disciplinary action may be taken, and possible legal action may be taken. I understand that this document will remain in my school file for as long as I am enrolled at this school or until terminated by either party by notification in writing.

Student's Name: _____ Date: _____

PLEASE PRINT

School Name _____ Teacher Name: _____ Div. _____

I have read the “Expectations for Students Using Electronic Communications Systems” and agree to abide by the provisions therein.

I have read **“Expectations for Students Using School or District Electronic Communication Systems”** and agree to those rules for being a responsible computer user.

Student Signature: _____ Student ID# _____

Parent/Guardian Permission Form – (Students in Grades 10-12)

I have read the attached **“Expectations for Students Using School or District Electronic Communication Systems”**. I understand that our daughter or son may access District electronic communications systems which allow them to access resources, communicate with others and to publish their work. I further understand that, should our child's work be published, it will appear with copyright notice prohibiting use without written permission. I also understand that filtering or blocking software which may be applied to the electronic communications systems to prevent gaining access to inappropriate material is not foolproof and cannot guarantee 100% effectiveness.

	YES	NO
We grant permission for our child to access electronic communications systems		
We grant permission for our child to publish their work and/or photos online, including full name identifiers.		
We grant permission for our child to publish their work and/or photos online, without full name identifiers. (first name or initials may be used as an identifier).		

** I understand that it is the responsibility of my child to avoid accessing the Internet or computers while at school as described above, until receipt of an Acceptable Use Agreement signed by both student/child and parent or guardian.*

Parent / Guardian's Name: _____ Signature: _____

PLEASE PRINT

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