

Payment Method:
Amount \$:
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The Link Distributed Learning School: 2024-2025

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	
	<input type="checkbox"/> Non-Graduate/School Age <input type="checkbox"/> School Age Graduate = born on or after July 1, 2005 <input type="checkbox"/> Adult Graduate = born before July 1, 2005	<input type="checkbox"/> International - ISP \$750.00 <input type="checkbox"/> Adult Graduate (see exempt courses) \$600.00	Pupil #:
	Courses applying for:		My Ed Date:
			Request Student File? Yes No

Student Information - must reside in SD 61 catchment area (Read through all pages, and fill out all fields of the registration form)

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	Gender at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female Gender Identity (if applicable) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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: What Year?
PREVIOUS LAST NAME (if applicable)	BIRTHDATE: DAY/MONTH/YEAR		
STUDENT #:	PLACE OF BIRTH (City, Province, Country)		HAVE YOU GRADUATED HIGHSCHOOL? <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 (#,street, city, postal code)	STUDENT PHONE NUMBER		

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

LAST NAME: _____ FIRST NAME: _____	LAST NAME: _____ FIRST NAME: _____
MOTHER: <input type="checkbox"/> FATHER: <input type="checkbox"/> OTHER (specify): <input type="checkbox"/>	MOTHER: <input type="checkbox"/> FATHER: <input type="checkbox"/> OTHER (specify): <input type="checkbox"/>
HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)	HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)
PHONE NUMBER: _____	PHONE NUMBER: _____
PLACE OF EMPLOYMENT: _____	PLACE OF EMPLOYMENT: _____
BUSINESS PHONE: _____	BUSINESS PHONE: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

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? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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:

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

Identification

- ❖ Canadian birth certificate, passport or permanent residency card

Proof of Residency (must reside in SD 61 catchment area)

- ❖ 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

Adult Graduated Student Fee:	Grade 11 &12 courses except for those listed below: Grade 10 courses/Social Studies 11	No fee \$600
International Student Fee:	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:

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

Date

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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 Please select below for each course
Career Life Education	4	Registered In / Completed
Career Life Connections (Capstone Project)	4	Registered In / Completed
a Language Arts 10*	4	Registered In / Completed
a Language Arts 11*	4	Registered In / Completed
a Language Arts 12*	4	Registered In / Completed
a Mathematics 10*	4	Registered In / Completed
a Mathematics 11 or 12*	4	Registered In / Completed
a Fine Arts and/or Applied Skills 10, 11 or 12*	4	Registered In / Completed
a Social Studies 10	4	Registered In / Completed
a Social Studies 11 or 12*	4	Registered In / Completed
a Science 10	4	Registered In / Completed
a Science 11 or 12*	4	Registered In / Completed
Physical and Health Education 10	4	Registered In / Completed
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: Completed / Not Completed

Literacy Assessment: Completed / Not completed

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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- must complete both		Composition		English Studies	
Literary Studies		Explorations in Social Studies		Anatomy & Physiology	
Composition		Workplace Math *		Chemistry	
Social Studies		Foundations of Mathematics		English First Peoples	
Workplace Math *		Pre-Calculus		Foods	
Foundations of Mathematics & Pre-Calculus		Life Sciences			
Science		Physics			
Career Life Education		Chemistry			
Physical and Health Education					

* In order to be successful in this course, it is strongly recommended that you take advantage of the learning support resources offered at your school, such as learning strategies, support blocks and/or arrange tutoring outside of school hours.

Student Signature: X _____ Parent/Guardian Signature: X _____

(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.