



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

The Link Distributed Learning School: 2025-2026

Application Form for Grades 10-12 and Adult Learners

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Registration Completion		C	OFFICE USE	ONLY	FOR OFFICE USE ONLY	
Verification: ☐ Registration Form	□ Non-Graduate/School Age□ School Age Graduate = born of			n or after July 1, 2006	Pupil #:	
☐ Course Selection Form	☐ Adult Graduate = born before July 1, 2006			uly 1, 2006		
☐ Student Agreement ☐ Identification	☐ International - ISP \$750.00 ☐ Adult Graduate (see exempt courses) \$600.00				My Ed Date:	
☐ Proof of Residency		Courses applying for:			Request Student File? Yes No	
☐ Fee if applicable						
Student Information - mus	t reside	in SD 61 c	atchment area	(Read through all pag	」 es, and fill out all fields of the registration form	
LEGAL LAST NAME		LEGAL FIRST NAME		MIDDLE NAME	Gender at Birth:	
					Gender Identity (if applicable) ☐ Male ☐ Female ☐ Non-Binary	
USUAL LAST NAME		USUAL FI	RST NAME	l	ARE YOU ATTENDING A SCHOOL OTHER	
					THAN THE LINK?	
PREVIOUS LAST NAME (if applicable	2)	BIBTHUV	TE: DAY/MONTI	1/VEAD	☐ Yes, (name): ☐ No, last school attended:	
FILE VIOOS LAST IVAIVIE (II applicable	-)	BINTIDA	IL. DAT/MONT	I/ ILAN	What Year?	
STUDENT #:		PLACE O	F BIRTH (City,	Province, Country)	HAVE YOU GRADUATED HIGHSCHOOL?	
					☐Yes, Year: ☐No Graduated from: (name school, city and province):	
					Graduated from: (name school, city and province):	
STUDENT EMAIL ADDRESS:					Has student received learning	
					assistance? □Yes □No	
HONAT ADDDESS /# street situ pos	tal aada	.\	CTUDENT DUC	ONIC NULINADED	Does the student have a current	
HOME ADDRESS (#,street, city, pos	tai coue	=)	STUDENT PHO	JINE INCIVIDER	Individual Education Plan (IEP)?	
					■Yes ■No *Please provide a copy of the IEP	
Parent/Guardian Informa	ation	(Only if	student is	18 years and vo		
	RST NAN	-		LAST NAME:	FIRST NAME:	
LAST NAIVIE.				E GT WILL	THO THUNE.	
MOTHER: ☐ FATHER: ☐ OTHER (specify): ☐				MOTHER: ☐ FATHER: ☐ OTHER (specify): ☐		
HOME ADDRESS			ne as above)	HOME ADDRESS	☐ LIVING WITH STUDENT (Same as above)	
		·	,		,	
PHONE NUMBER:				PHONE NUMBER:		
PLACE OF EMPLOYMENT:				PLACE OF EMPLOYMENT:		
PEACE OF EIGHT EOTIMENT.				1 2 102 01 2 1111 20 111		
BUSINESS PHONE:				BUSINESS PHONE:		
EMAIL ADDRESS:				EMAIL ADDRESS:		
Grade 10 -12 students wishing t	o regis	ter at the	Link as their o	only school, please o	check any/all that have impacted or are	
impacting the student's learning	_					
Δnviety Π Sα	ncial Rel	ationships	□ Family R	elationshins Π Oth	er Π	





Emergency Contact

Medical Information

LAST NAME: FIRST	T NAME:	STUDENT CARE CARD NUMBER:			
RELATIONSHIP TO STUDENT:		FAMILY DOCTOR: PHONE:			
HOME ADDRESS: PHONE NUMBER: EMAIL ADDRESS:		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. 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:			
Can this person pick up the student? YES □ NO □					
Ple	ease attach these	documents with the registration form			
Identification Canadian birth certificate permanent residency car	e, passport or	Proof of Residency (must reside in SE			
POLICIESA 100% refund is provided	up to 7 calendar	days prior to the start date of the course			
 Refunds will not be issued 	bility to fill out a r for receipts older	refund request form, which may take up to 3 w	·		
FEES Adult Graduated Student Fee:	Grade 11 &	12 courses except for those listed below:	No fee		
International Student Fee: In		ourses/Social Studies 11/Foods 12 (ISP): Course Request Form Approved	\$600		
In	District students	(ISP): Request Form Not Approved	\$750 per course		
I certify that the information I have	e provided on this	s form is correct:			
Signature of parent or guardian		Date			

Student signature if student is 19 years old or older



Literacy Assessment:



GRADUATION PLANNER THIS FORM MUST BE COMPLETED BY SCHOOL AGED CTLIDENTS

☐ I am an adult, taking the cour	se(s) listed on the	_			
☐ I am a high school student, in Grade at					
I have identified, below, the cou which lead toward high school g	•	ly taking, or have taken,			
Student Name:	Student Sigr	ature:	<u>Date:</u>		
REQUIRED COURSES					
SUBJECT AREA	Minimum Credits	Registered In o Please select belo	r Completed ow 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 including a Grade 12Language Arts course. Others may be courses or elective credits.					
GRADUATION ASSESSMENTS Numeracy Assessment: Completed	/ NAC	1			

Completed / Not completed

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 *	ŀ	Pre-Calculus	Foods	
Foundations of Mathematics & Pre-Calculus	L	ife Sciences	Foundations of Mathematics	
Science	F	Physics	Fashion Industry	
Career Life Education	C	Chemistry	Pre-Calculus	
Physical and Health Education	5	Science for Citizens		

^{*} 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.