the link
Distributed Learning Centre

Greater Victoria School District

Payment Method:	
Amount $:	
Receipt #:	
Date:	

The Link Distributed Learning School: 2025-2026
Application Form for Grades 10-12 and Adult Learners

OFFICE USE ONLY
- ☐ Non-Graduate/School Age
- ☐ School Age Graduate = born on or after July 1, 2006
- ☐ Adult Graduate = born before July 1, 2006
- ☐ International - ISP $750.00
- ☐ Adult Graduate (see exempt courses) $600.00

Courses applying for:

FOR OFFICE USE ONLY
Pupil #:
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:** ☐ Male ☐ Female **Gender Identity** *(if applicable)* ☐Male ☐Female ☐Non-Binary
USUAL LAST NAME	USUAL FIRST NAME		**ARE YOU ATTENDING A SCHOOL OTHER THAN THE LINK?** ☐ Yes, (name):_____ ☐ 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?** ☐Yes, Year:____ ☐No Graduated from: (name school, city and province):
STUDENT EMAIL ADDRESS:			Has student received learning assistance? ☐Yes ☐No Does the student have a current Individual Education Plan (IEP)? ☐Yes ☐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: ☐ FATHER: ☐ OTHER (specify): ☐	MOTHER: ☐ FATHER: ☐ OTHER (specify): ☐
HOME ADDRESS ☐ LIVING WITH STUDENT (Same as above)	HOME ADDRESS ☐ 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 ☐ NO ☐	

Medical Information

STUDENT CARE CARD NUMBER:

FAMILY DOCTOR: PHONE:

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.
- o Anaphylactic or severe allergies to food or insect stings
- o Asthma that has resulted in hospitalization in the past year
- o Blood clotting disorder (e.g. hemophilia)
- o Diabetes
- o Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years
- o Serious heart condition (e.g. heart murmur, heart repair)
- o Other – please specify:

Please attach these documents with the registration form

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

Adult Graduated Student Fee: Grade 11 &12 courses except for those listed below: No fee

     Grade 10 courses/Social Studies 11/Foods 12 $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   **Date**
Student signature if student is 19 years old or older

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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		Foundations of Mathematics	
Science		Physics		Fashion Industry	
Career Life Education		Chemistry		Pre-Calculus	
Physical and Health Education		Science for Citizens		Physical Geography	
		Psychology		Active Living	

* 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.