



Fraser Valley Distance Education School – www.fvdes.com
REGISTRATION FORM for Grade 10 to 12 Students

PLEASE COMPLETE IN FULL, SIGN AND SUBMIT WITH REQUIRED DOCUMENTATION – PRINT CLEARLY

43631 Yale Rd
Chilliwack BC V2P 2P8

Phone: 604-701-4910
Toll free: 1-800-663-3381
Fax: 604-701-4970

A) REQUIRED DOCUMENTATION CHECKLIST – please include copies of these with your registration form

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| <input type="checkbox"/> Identification is required for all new registrants (ie: Canadian Birth Certificate, Driver's License, Indian Status Card, Landed Immigrant Papers, Passport, Study Permit) ID RECEIVED MUST BE VALID, LEGIBLE & ISSUED IN CANADA (lighten to fax)
<input type="checkbox"/> Proof of Residency (ie: adult student or parent driver's license, property tax assessment or utility bill)
<input type="checkbox"/> Report Card, Transcript, or Permanent Student Record from previous school (Gr 10,11 or 12)
<input type="checkbox"/> Timetable (if attending another school) <u>or</u> Withdrawal Form (if no longer attending previous school)
<input type="checkbox"/> Grade 10-12 Student Learning Plan
<input type="checkbox"/> Refundable Textbook Deposit or Non-refundable Course Fee where applicable | Provide the documents by:
<input type="checkbox"/> Fax 604-701- 4970
<input type="checkbox"/> Email: fvdes-reg@k12connect.ca
<input type="checkbox"/> Mail
<input type="checkbox"/> Deliver to FVDES
<input type="checkbox"/> Online Attachment |
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B) STUDENT INFORMATION (Please print legibly.)

PEN #

Date of Application:	Registering in grade:	Have you previously registered at FVDES? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student #	School Yr Applying For:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate _____ Day Month Year			Home Address _____
Legal Last Name _____				City _____ Prov _____
Legal First Name _____				Postal Code _____
Usual Last Name _____				If Shipping Address is different: <input type="checkbox"/> Also Send Mail Here
Usual First Name _____				Shipping Address _____
Middle Name(s) _____				
Previous Last Name _____				
Phone (_____) _____				City _____ Prov _____
Student Email _____				Postal Code _____

Will you be travelling outside of BC for greater than one month? Yes No Location of Travel: _____ Expected Date of Return to BC _____

C) SCHOOL HISTORY (Please print legibly.)

School Age or Adult Students: Current School or Last School Attended: _____	Cross-Enrolled Students: Are you taking courses at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Grade _____
District / City _____	Name of Current School _____
Date Last Attended _____ Grade _____	Name of Administrator or Counselor _____
Date Graduated if Applicable: _____	

International fee Paying Students:

School of Record approves registration of this student and arranges for payment for all applicable FVDES fees for courses.

_____ Signature of Signing Authority	_____ Position
_____ Contact Name	_____ Phone #

D) CITIZENSHIP INFORMATION (Please print legibly.)

E) LANGUAGE & ETHNICITY (Please print legibly.)

Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> International Student on Study Permit <input type="checkbox"/> Other <input type="checkbox"/> International Student on Exchange	Language spoken at home most often: <input type="checkbox"/> English <input type="checkbox"/> Other _____ Are you of Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Status On Reserve – Band of Residence: _____ <input type="checkbox"/> Status Off Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit
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PLEASE TURN OVER TO COMPLETE APPLICATION ➡

