



102-814 Goldstream Ave, Victoria, BC V9B2X7

<input type="checkbox"/> JDFDL <input type="checkbox"/> BYTE <input type="checkbox"/> WestShore

<input type="checkbox"/> Summer 10 <input type="checkbox"/> Fall 10 <input type="checkbox"/> Winter 11
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<input type="checkbox"/> BC Care Card <input type="checkbox"/> BC ID <input type="checkbox"/> BC Driver's License
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STUDENT LEARNING PLAN

First Name: _____ Last Name: _____

Middle Name: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Maiden Name (last name before marriage): _____ Ministry PEN #: _____

Parent / Guardian Name: (Under 19 only) _____ Parent Contact: _____

Student E-mail: _____ Parent E-mail: _____

Are you currently a distance learning student? Yes No Registered at: _____

Student Demographics:

Gender: Male Female Birth-date: Day ____ Month ____ Year ____

Citizenship: Canadian Landed Immigrant Student Visa Visitor's Visa Letter Requested

Are you working? Yes No How many hours per week? _____ Days Evenings Varies

Do you have any special needs? (hearing, vision, disability, health, learning disability) _____

Students who are not registered in another high school, please complete Section 2.

Students who are registered in another school please continue to page 3 and complete Sections 3, 4 & 5.

Section 2

Last high school: _____ City: _____ Province: _____

Last Year Attended: _____ Have you received a Grade 12 graduation diploma? Yes No

Have you, or are you attending a post-secondary school? Yes No

Name of post-secondary school: _____ Province/Country: _____

Courses / Program: _____

Student Signature: _____ Date: _____

Parent/ Guardian Signature (K- Grade 9): _____ Date: _____

By signing I am committed to the learning plan for my son/daughter.

Student under 19 confirms parent / guardian is aware of interview for Student Learning Plan. Yes No

Office Use Only	<input type="checkbox"/> Access	<input type="checkbox"/> Mentor	<input type="checkbox"/> Cool School	<input type="checkbox"/> Records Requested
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Student Name: _____

Parent Information: Custody of: Mother: Father: Both: **Living with:** Mother: Father: Both:

Court Order? Yes: / No: If Yes give details: (**Note:** A copy of an up-to-date court order must be on file with the school)

1) **Mother:** Last Name: _____ First Name: _____
Address (if different than student): _____
Home Phone (if different): _____ Work Phone: _____ Cell Phone: _____
Employer: _____ Email Address: _____

2) **Father:** Last Name: _____ First Name: _____
Address (if different than student): _____

In case of an emergency, my son / daughter may:

Make their own way home

Be released to one of the following emergency contacts:

Emergency Contacts: (Parents will always be contacted first. This list is for back up purposes.)

1) Last Name: _____ First Name: _____
Relationship: _____ Home Phone: _____ Cell/Work Phone: _____

Emergency Contacts: (Parents will always be contacted first. This list is for back up purposes.)

2) Last Name: _____ First Name: _____
Relationship: _____ Home Phone: _____ Cell/Work Phone: _____

Medical Information:

Doctor: _____ Phone: _____ Care Card # _____

Allergies/Health Conditions: _____ Life Threatening? Yes: / No:

Is this child currently on medication: Yes: / No: Description: _____

Section 3: CROSS-ENROLLED STUDENT- APPROVAL TO ENROL IN JDFDL COURSE/S

Name of school presently registered: _____ School code: _____ City: _____

Student claimed on Sept. 30 1701: Yes No

Course(s) taking at present school: _____

Courses requested: _____

Reason for enrolling: _____ Expected date of completion: _____

Counselor Name: (please print) _____

Counselor Signature: _____

EXTERNAL / EQUIVALENT COURSES	Ministry Code	Verified	Marks and Date Completed
		Yes No	
		Yes No	
		Yes No	
		Yes No	

Transcript Received: Yes No Previously written BC Provincial Exams: Yes No

Courses per term _____ Projected Graduation Date: January June August Year _____

Previous Assessment: _____

Adjudication Requested: Yes No Documentation Current: Yes No

NOTES: Long-term occupational goal: _____

Interviewed By: _____

Comments: