



South Central Interior Distance Education School Application Form K – 7

This form must be complete
Please print or type clearly

To be completed by parent or legal guardian

PO Box 4700 Stn Main
Merritt, B.C.
V1K-1B8
Phone: 1 800 663 3536
(250) 378 4245
Fax: 250 378 1447

A. Student Information				Date:	
Student PEN#:				SCIDES Student #:	
Legal Surname:			Usual First Name:		
Legal First Name:			Usual Surname:		
Legal Middle Name:			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Copy of Birth Certificate Attached <input type="checkbox"/>	
Date of Birth:	yyyy/mm/dd		Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other	Language Most Often Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Other:	
Country of Birth:	<input type="checkbox"/> Canada: Province <input type="checkbox"/> Other:		Will you be traveling out of Province? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes we require: <input type="checkbox"/> Proof of BC Residency (copy of property tax notice or utility bill) <input type="checkbox"/> \$200. Non-refundable mailing fee <input type="checkbox"/> Letter stating when you plan to return to BC	
Physical Street Address:			Mailing Address if Different from Home Address		
City:			City:		
Province or Country	Postal Code			Province or Country	Postal Code
First & Last Name of <input type="checkbox"/> Parents <input type="checkbox"/> Legal Guardians	Please Print		Address if different from student's		
Telephone / Fax numbers	Home Phone:	Work:	Fax:	Other:	
Parent /Guardian email address			Student's email address:	Parent(s) / Legal Guardian(s) are permanent residents of BC <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You of Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non Status	Band Code:		Do you Live on a Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Education											
Copy of most recent report card included	<input type="checkbox"/> Yes <input type="checkbox"/> No					Has student received Learning Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has student had an Individual Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know					Learning Assistance areas of focus:					
Year of last IEP						Student has had a District assessment					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Copy of IEP included	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					Copy of recent District assessment included					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Registering in		K <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Name and address of Last School Attended	
Last Grade completed		K <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>		
Year and month of last attendance											
This Signature authorizes SCIDES to request student records and confidential files from a previous school. SCIDES will report student progress to schools and School Districts and upon moving, transfer student files and records to the new school or School District on request. By signing this form, you have indicated the information is accurate.										Signature of Parent/Legal Guardian	

RESPONSIBILITIES

PARENTS:

Our years of experience in Distributed Learning, and educational research, supports that parents play an important role in helping their child achieve success in their learning.

The role of the parent in the SCIDES environment:

- Work with the SCIDES teacher to develop a Student Learning Plan for the year
- Communicate regularly (bi-weekly) with your teacher to share problems or successes with curriculum
- Support the learning process by:
 - Regular communication (bi-weekly) with your teacher to share problems or successes with curriculum
 - supporting the work of your child by being an active participant
 - setting daily goals
 - assisting in teaching your child time management
 - ensuring work is submitted regularly, or that portfolio guidelines are followed

SCIDES TEACHERS:

- Work with parents to develop a student learning plan that supports Provincial curriculum
- Provide and / or approve learning resources to meet the student learning plan
- Assess and provide reports on student progress
- Initiate regular contact with students and parents

I have read and understand my role and responsibilities as the parent/legal guardian of a student enrolled with the South Central Interior Distance Education School

Signature of Parent/Legal Guardian

Date Signed