**School District 69 Qualicum**

**Collaborative Education Alternative Program**

CEAP Learning Centre | Box 1000 | 266 Village Way | Qualicum Beach, BC V9K 1T3
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## 2022-23 – Cross-Enrolled Student Application Form for an Online Course at CEAP

This form must be completed in its entirety, signed and returned to the CEAP office before you will be registered and granted access to your CEAP online course. After enrolling, you must complete the first portion of each course and submit it to your course teacher, to be considered an "Active Student". This activation usually constitutes approximately 10% of the total course load.

| Student Name (Print) | Student Number | School | Grade | Date of Birth |
|---|---|---|---|---|
| Student Email Address: | Student Cell Phone: | | Student Home Phone: | |
| Primary Parent Name (if under 19 yrs. old) | Parent Phone No. 1 | | Parent Email | |
| | Parent Phone No. 2 | | | |

## Requested Course(s) and Timetable Preference:

| Courses or Program | Previous Grade Course Final Mark | Pacing* | | Start Date | Completion Date |
|---|---|---|---|---|---|
| | | Semester | Linear | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

(please note that the pacing, start and completion date will most often depend upon the existing student timetable and cannot be guaranteed at the time of request)

## PACING TIMELINES:   please read carefully

Courses should be completed within a set planned timeline.   The timeline below clearly outlines the expectations for course completion for each common course start date.  Cross-enrolled students are supported with Distributed Learning (DL) Support Blocks in their timetable, so only under rare extenuating circumstances will extensions beyond these timelines be granted.

| Start Month / Section / Pacing: | Complete by: |
|---|---|
| May to Sept.    Section 1,        semester plus pacing | End of January (Sem 1) |
| September,    Section 1,        semester pacing | End of January (Sem 1) |
| September,    Section 3,        year long (linear) pacing | End of June (Sem 2) |
| February,      Section 2,        semester pacing | End of June (Sem 2) |
| May to July    Section 4,        accelerated summer session | End of July |

## Course timetable information sheet:

**Fill in this section ONLY if you have an existing timetable in place for the year**. The purpose of this is to ensure that your request for pacing is in line with your timetable and support blocks provided.

| Semester ONE BLOCK | SEMESTER ONE CLASS | Semester TWO BLOCK | SEMESTER TWO CLASS |
|---|---|---|---|
| A | | A | |
| B | | B | |
| C | | C | |
| D | | D | |

## CEAP Program Terms and Conditions: *Please read carefully and initial terms before signing below*

❑ CEAP courses will require completion through online activity. Students must have access to an Internet-connected computer at home, in order to be successful. Some courses may require face-to-face attendance. All CEAP teachers provide scheduled times when they are available to provide direct support to students.

❑ Students must maintain electronic communication with teachers, either through email, text messaging or telephone. Accurate communication information must be supplied at the time of registration, or whenever it changes. A lack of response to Teacher-initiated communication is grounds for academic probation and/or withdrawal.

❑ Once active in a course, a student is expected to complete at least 7-10% of the course per week, until completion, usually within 12 - 16 weeks (if the student is pacing to complete in one standard semester). Students can elect, at the time of enrolment, to complete a course over a longer period of time. If inactive for an extended period, a student will be notified and placed on academic probation, with the risk of being withdrawn from the course. **Failure to complete courses within specified timelines may result in a loss of eligibility for awards and scholarships.**

**Sign as requested below, indicating agreement to the above Terms and Conditions    Date: _____**

| Student Signature | Parent/Guardian Name (print) | Parent Signature:<br>(If student is under 19 yrs. old) |
|---|---|---|
| | | |

OFFICE USE ONLY:
   **Approved on:** _____**(mm/dd/yyyy)**

   **By:** _____ *(School authorized signature)*