

Office use ONLY:

DEPOSIT:

ID ATTACHED:

JESSE' OK:

EN ASSESS: _____

MATH ASSESS: _____

10/10 Completion Date: _____

CONTINUING EDUCATION CENTRE (CEC) School District 69 (Qualicum)

P.O. BOX 1798, PARKSVILLE, B.C., V9P 2H6 PHONE (250)248-2969 FAX (250)248-2914

CEC APPLICATION FORM

APPLICATION DATE: _____

STUDENT NAME _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

BIRTHDATE ____/____/____ AGE ____ GRADE ____ NATIVE ANCESTRY ____Y ____N
(YEAR/MONTH/DAY)

STREET ADDRESS (House # & street name) _____

MAILING ADDRESS (P.O. Box #, R.R. #) _____

CITY _____ POSTAL CODE _____

EMAIL ADDRESS: _____

HOME PHONE # _____ CELL # _____ WORK # _____

EMPLOYER: _____

EMERGENCY CONTACT: _____ CELL # _____ HOME # _____ WORK # _____
(first) (last)

DO YOU HAVE ANY LIFE THREATENING ALLERGIES/MEDICAL CONDITIONS? _____ YES _____ NO

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CURRENT LIVING AND WORK SITUATION (WORK SCHEDULE, CHILD CARE, ETC.) AND STATE ANY GOALS YOU HAVE FOR YOUR FUTURE:

LAST SCHOOL: _____ WHERE: _____ DATE: _____

CONTACT NAME: _____ REASON FOR LEAVING: _____

REFERENCE: _____ PHONE: _____

1st DATE AVAILABLE FOR ENTRY: _____

SCHOOL ENROLLED IN AT 30 SEPTEMBER THIS SCHOOL YEAR: _____

PLEASE PROVIDE PROOF OF ID (BIRTH CERTIFICATE, DRIVER'S LICENCE, BC ID CARD)