



SelfDesign-ISK Enrollment

About You

First name & middle name/s: (Legal) _____

Last Name: (Legal) _____

Usual Name: _____ M [] F []

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: (____) _____ Cell: (____) _____

* Email: _____ * Parent Email: _____

Birth date: _____ Birth place: _____

Educational History

Enrollment: Full Time [] Part Time []

* If enrolling part time, please complete the following information.

Current education status:

[] Home schooler/home learner

[] Enrolled in the following school:

School: _____ Location: _____

Phone: (____) _____

Course(s), Grade(s): _____

Your Education Story

1. Home schooled/Home learner – Indicate grade level: _____

2. Schools Attended - complete list below:

School	Location	Grade(s): From/To

Language used: English -- Written: Yes [] No [] -- Spoken: Yes [] No []

If no, please indicate first language, language used at home and indicate level of ability in English _____

How Can We Support You?

Is there any information that would assist us in supporting you in your learning?

About Your Family

Parent/Legal Guardian's name: _____

Relationship: _____

Day Phone: (____) _____ Email: _____

Address (if different): _____

Parent/Legal Guardian's name: _____

Relationship: _____

Day Phone: (____) _____ Email: _____

Address (if different): _____

Custody

Are there any custody issues that the school needs to be aware of? Yes [] No []

If yes, please identify to the school the appropriate person(s) to contact in regards to learner information, as well as any significant information and approaches to this issue:

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (____) _____

Accessibility to Communications Technology

Please describe your computer equipment and internet access capabilities:

Withdrawal Policy

After one year learners with inactive or incomplete courses will be assigned a 'W' letter grade, indicating a withdrawal from their course(s). A learner may request a withdrawal from the course before one year has lapsed after consultation with their mentor, the school principal and their parent(s)/guardian(s).

Your Reflections

What are you looking for in your experience as a high school learner?

How have you noticed you learn best?

Why would distance learning suit you?

Signature of Parent(s)/Guardian(s): _____ Date: _____

Signature of Learner: _____ Date: _____

Email as an attachment to info@selfdesign.com (or) print and then fax to 604-224-3662