



Vancouver Learning Network  
530 East 41st Avenue  
Vancouver, BC V5W 1P3  
<http://vlns.ca>  
Tel: (604) 713-5520

## Grade 8-9 Registration Form

<b>STUDENT INFORMATION: Please print clearly.</b>		Date (DD/MM/YYYY):
Legal Last Name:	Legal First Name:	
Legal Middle Name:	Usual First Name:	
Personal Education Number (PEN is assigned by Ministry for each student):		
Sex: <input type="radio"/> Male <input type="radio"/> Female	Birth Date (DD/MM/YYYY):	
Citizenship: <input type="radio"/> Canadian <input type="radio"/> Landed Immigrant	Place of Birth (City, Country):	
Home Phone:	Other Phone:	
Student Email:	Grade: <input type="radio"/> 8 <input type="radio"/> 9	
Home Address:	City:	Postal Code:
First Language:	Are you of Aboriginal ancestry? <input type="radio"/> Yes <input type="radio"/> No Band Name:	Have you been assessed with special learning needs? <input type="radio"/> Yes <input type="radio"/> No
<b>PARENT INFORMATION:</b>		
Name of Parent/Legal Guardian:	Parent Email:	
Signature of Student (if 16 yrs. or over) or Parent/Legal Guardian:		
<b>VLN Course(s) requested:</b>		
<b>Course</b>	<b>Online or Print</b>	
<b>HOME SCHOOL INFORMATION:</b>		
<b>If you are currently in Grade 8 or 9</b> and want to take courses with the VLN, your administrator must complete this section.		
<i>To the Administrator: Your signature verifies that the student has completed the prerequisite course(s). If this student has been assessed with <b>special learning needs</b>, please ensure documentation accompanies this registration form.</i>		
School Name:	Address:	
School District #:	Phone:	Fax:
Administrator Name:	Administrator Signature:	