



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

## Grade 8-9 Registration Form

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|---|--|--|
| <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<br>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:   |  |