|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To meet the learning needs of students and families, two new District Programs are being offered. Registration space is limited so parents are asked to review the program acceptance criteria listed below. Students will have greater success if:   1. Students/families have a unique situation (eg. Student with Immune Suppression) 2. Students/families meet the Distance Learning profile (click here to review put in a link) or 3. Families are interested in the programs as they respond to their unique set of family values and are aligned with the District Programs’ Learning Principles  |  |  | | --- | --- | | Please select a program of interest:  Inquisitive Design and Technology  Mill Bay Blended Learning Clans | **Registration Open** | | | | | | | | | | | | | | | | | | |
| Student’s present school: | | | | | | | | Grade Student is Entering: | | | | Do you require busing?  Yes  No | | | | |
| LEGAL Last Name: | | | | | | | | LEGAL First Name: | | | | LEGAL Middle Name: | | | Does your child have an IEP? | |
|  | | | | | | | |  | | | |  | | | Yes  No | |
| USUAL Last Name (if different): | | | | | | | | USUAL First Name (if different): | | | | USUAL Middle Name (if different): | | | Age: | |
|  | | | | | | | |  | | | |  | | |  | |
| Birth Date: | | | | | | | Home Phone No:  ( check if unlisted) | | | | Parent Cell Phone No: | | | Parent Email: | | |
|  |  |  |  |  |  | | (     ) | | | | (     ) | | |  | | |
|  | MONTH |  | DAY |  | YEAR | |
| STUDENT’S PHYSICAL ADDRESS | | | | | | | | | | | | | | | | |
| Street Number: | | | | | | Street Name: | | | Apt. Number: | | City: | | Province: | | | Postal Code: |
|  | | | | | |  | | |  | |  | |  | | |  |
| Parent / Guardian First Name: | | | | | | | | | | Parent / Guardian Last Name: | | | | | | |
| Reason for wanting to attend the selected District Program? Some examples may include circumstances such as a suppressed immune system or unique family values that align with the Program’s Learning Principles.  Please explain: | | | | | | | | | | | | | | | | |

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| --- | --- |
| Office Use Only |  |
| Date received: | Seat assigned:  Yes  No |