



DAY SCHOOL STUDENT APPLICATION
Queen Elizabeth Continuing Education Centre

All students must register through e-mail (qeceregistrations@surreyschools.ca) or in person at the Queen Elizabeth Continuing Ed Office with the following information:

- Proof of Citizenship (Canadian Birth Certificate, Canadian Passport, Citizenship Card or PR Card)
Valid photo ID (Go Card, Driver's License, BC Services Card, BC ID, PR card or Canadian Passport)
Proof of BC Residency (Driver's License, BC Services Card, BC ID, Hydro Bill, Tenancy Agreement, etc)
This completed form (including the 2nd page)

*** THIS FORM IS ONLY VALID FOR THE 2021/2022 SCHOOL YEAR ***
SEE YOUR COUNSELLOR FOR AN UPDATED FORM

STUDENT INFORMATION
Student Name:
Current School:
Phone #:
Date of Birth:
*** must be 16 before July 1, 2021 for the 2021/2022 school year ***
Please choose one:
I am enrolling in this course for the first time
I have enrolled in this course previously but did not pass
I have completed this course but want to upgrade my mark
I confirm that I have read the Policies and Procedures (on the next page). This information can also be found on the school website (here).
STUDENT SIGNATURE

PARENT INFORMATION
Parent Phone #:
PARENT SIGNATURE

COUNSELLOR RECOMENDATION
Student PEN:
Course Requested:
Pre-requisite Course:
Grade received in Pre-requisite:
Does this student receive extra support in school?
Learning Assistance
ESL Support
Has an IEP
Other:
I certify that this student has the prerequisite knowledge and skills needed to be successful in this course and has the maturity to be a positive and productive member of our school.
I also certify that the course selected with the student fits in with their Student Learning Plan.
COUNSELLOR SIGNATURE
COUNSELLOR NAME
DATE



COURSE ENROLMENT FORM
2021-2022
 QUEEN ELIZABETH
 CONTINUING EDUCATION CENTRE

<input type="checkbox"/> New	(FOR OFFICE USE ONLY)	22
<input type="checkbox"/> Returning	MyEd # _____	
<input type="checkbox"/> Dayschool	PEN _____	
<input type="checkbox"/> International		

PART 1 - STUDENT INFORMATION					
Legal Last Name:	Legal First Name:	Preferred First Name:	Legal Middle Name:	Maiden name:	
* * * PLEASE PRINT AS CLEARLY AS POSSIBLE AND MAKE SURE ALL INFORMATION IS UP TO DATE * * *					
Date of Birth: _____ Day Month Year	Legal Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Preferred Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Country:	Language spoken at home:	
Address:		City:		Postal Code:	
Phone:	Cell:	Email:			
Most recent high school: _____		Medical concerns we should be aware of? <input type="checkbox"/> NO <input type="checkbox"/> YES (please explain on next line ↓)			
Last Year Attended: _____					
Have you registered with QE Continuing Ed before? <input type="checkbox"/> Yes _____ (YEAR) <input type="checkbox"/> No		Emergency Contact: (English Speaking)		Status in Canada:	
Do you want to graduate in BC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already graduated		Name: _____		<input type="checkbox"/> Canadian Citizen	
Have you graduated in BC or anywhere in the world? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Relationship: _____		<input type="checkbox"/> Permanent Resident	
STUDENT SIGNATURE		Phone #: _____		<input type="checkbox"/> Landed Immigrant	
				<input type="checkbox"/> International Student	
				<input type="checkbox"/> Refugee/Other	
				Aboriginal Ancestry: (If Applicable) <input type="checkbox"/> Inuit <input type="checkbox"/> Metis First Nations: <input type="checkbox"/> Non-Status <input type="checkbox"/> Status on-reserve <input type="checkbox"/> Status off-reserve	

PART 2 - COURSE SELECTION			FOR OFFICE/ADVISOR USE ONLY		
(see last page for list of courses)	Days	Start Time	Sec No	Pre-Req	Principal/Advisor Approval
1.				Y / N	
2.				Y / N	
Must meet with night school principal or advisor to take more than 2 courses.					
3.				Y / N	
4.				Y / N	
I certify that I am a B.C. resident, and that all information is correct, and I agree to the Student Learning Plan and my courses for this year. I also authorize CE to request previous school records. *PLEASE READ AND SIGN THE NEXT THREE PAGES*					OFFICE USE ONLY INITIAL & DATE
STUDENT SIGNATURE:			DATE:		

* * * FOR OFFICE/ADVISOR USE ONLY * * *					
Documentation Copied:			Diploma Type		Grade Level
<input type="checkbox"/> 1. Proof of BC Residency: Driver's Licence, Services Card, BCID, utility bill OR letter from Landlord*			<input type="checkbox"/> School Aged (Born on or after July 1, 2001)		<input type="checkbox"/> 12
<input type="checkbox"/> 2. Photo Identification (Picture ID): Drivers Licence, BCID, Canadian Passport OR First Nations Status Card			<input type="checkbox"/> Adult (Born before July 1, 2001)		<input type="checkbox"/> 11
<input type="checkbox"/> 3. Proof of Status in Canada: Canadian Birth Certificate, Canadian Passport, <u>Enhanced</u> Driver's Licence, Permanent Resident Card, Citizenship Card, Record of Landing, Refugee Document OR Canadian Study Permit			YOG: _____ PSR: _____		<input type="checkbox"/> 10
<input type="checkbox"/> 4. Transcript or Assessment			Date Graduated: _____		Sub Grade
<input type="checkbox"/> 5. Student signed x4			Will Graduate? <input type="checkbox"/> This semester <input type="checkbox"/> Not this sem.		<input type="checkbox"/> GA <input type="checkbox"/> AD <input type="checkbox"/> AN
Student Resource Fee: \$ 0.00			Program Assignments		
Day School Student Resource Fee: \$ 0.00			<input type="checkbox"/> 36 CE Foundations (17197)		<input type="checkbox"/> 613
International Course Fee: \$900.00			<input type="checkbox"/> 36 Adult Grad (16554)		<input type="checkbox"/> 612
			<input type="checkbox"/> 36 Adult Non-Grad (16556)		<input type="checkbox"/> 611
			<input type="checkbox"/> 36 CE School Aged (17235)		<input type="checkbox"/> 610
			<input type="checkbox"/> 36 CE QE Site (16958)		<input type="checkbox"/> 600
CE MYED SIGNATURE _____ DATE: _____			Advisor Notes:		
Office Notes:					