



# APPLICATION FORM

GR. 12 ADULT DOGWOOD /

## ADULT BUSINESS CERTIFICATE OF TECHNOLOGY

**Enrolling School:** Fraser Valley Continuing Education  
**Location of classes:** 45460 Stevenson Road, Chilliwack, BC V2R 2Z6  
Phone: 604-858-9424 Fax: 604-858-2981

### Student Information

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Please note: Legal names must match those listed on birth certificate:

Legal First Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_

If legal name is not preferred name enter preferred name \_\_\_\_\_

Do you have a Legal Middle Name? If so, provide \_\_\_\_\_

Are you enrolled at any other BC school or taking any Distance Learning (DL) courses at any other BC school? Yes  
\_\_\_\_\_ No \_\_\_\_\_

### Citizenship and Ancestry (check one)

Canadian Citizen       Permanent Resident (PR)       Landed Immigrant

Other (please specify) \_\_\_\_\_

Do you have aboriginal ancestry? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

### Residence Information

Please note that this information must match your documents submitted as proof of residency.

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Email address \_\_\_\_\_

If mailing address above is not same as above, please provide mailing address below:

**Medical information** Please indicate any medical concerns that the school should be aware of and whether they are life threatening \_\_\_\_\_

**Signature** \_\_\_\_\_