



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 Distance Learning (DL) courses at a BC school?

No _____

Citizenship/Funding: I am a Canadian Citizen (or Perm. Resident) and have not graduated from any high school in Canada or outside of Canada that would disqualify me for free funding. I have NOT GRADUATED True _____

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 _____