



# Adult Education Intake Form

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Legal Last Name (Family Name)      Legal First Name      Middle Name      All Other Names

Address: \_\_\_\_\_  
Number & Street      City      Postal Code

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: _____ / _____ / _____ Day      Month      Year	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>
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I declare that I live in (am ordinarily a resident of) BC, (or if under 19, my parent/ guardian is ordinarily a resident of BC \_\_\_\_\_ (initial)

Please check one: \*must meet requirements described in our [Student Eligibility Document](#)

Canadian Citizen  Perm. Resident  Convention Refugee  Refugee  Status Card  \*Work Permit  Other (Specify) \_\_\_\_\_  
 Claimant

International Student

Before coming to VSB Adult Education, what was the last BC high school you attended? (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of School      Location      Last Grade      Year      Personal Education Number

Before coming to VSB Adult Ed, what was the last Public or Private school including, high school or post-secondary you attended?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of School      Location      Last Grade Completed      Last Year Attended

**\*Please initial one box only**

<p><b>Underage Graduate:</b> I was <b>under 19 years old on July 1<sup>st</sup> of this school year</b>, and I have graduated from high school (in BC or any other place e.g. another province, state, country).  _____ (initial)</p>	<p><b>Graduated Adult:</b> I was <b>19 years old, or older, on July 1<sup>st</sup> of this school year</b>, and I have graduated from high school (in BC or any other place e.g. another province, state, country).  _____ (initial)</p>	<p><b>Future Graduate:</b> I have not graduated in BC or in any other place. I wish to complete my BC High School diploma and I agree to follow my graduation plan.  _____ (initial)</p>
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**Optional:** Do you have Indigenous ancestry? Yes  No  **Optional:** First Language \_\_\_\_\_

**Optional:** Do you have any life-threatening health conditions you would like us to be aware of? \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Legal Last Name      Legal First Name      Phone      Relationship to you

I certify that all information I gave is true and accurate to the best of my knowledge and allow the VSB to contact me as necessary.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day      Month      Year

**OFFICE USE ONLY:**

Checked by: \_\_\_\_\_  
 FTE Yes \_\_\_\_\_ No \_\_\_\_\_  
 GA \_\_\_\_\_ AD \_\_\_\_\_ 80 \_\_\_\_\_  
 Underage Yes \_\_\_\_\_ No \_\_\_\_\_

**New students Only:**

EN / MA Assessment Score RL \_\_\_\_\_ ML \_\_\_\_\_  
 Intake level:  
 English Foundations 1/2 \_\_\_\_\_ 3/4 \_\_\_\_\_ 5/6/7 \_\_\_\_\_  
 Academic English EN 10 \_\_\_\_\_ EN 11 \_\_\_\_\_ EN 12 \_\_\_\_\_

PEN: \_\_\_\_\_  
 Proof of status: Yes \_\_\_\_\_ No \_\_\_\_\_  
**Status verified on** \_\_\_\_\_ **by** \_\_\_\_\_  
 Document Type: \_\_\_\_\_

**Code of conduct signed:** Yes \_\_\_\_\_ No \_\_\_\_\_  
 Day School Letter of Permission / WD Yes \_\_\_\_\_ No \_\_\_\_\_  
 School Records Attached Yes \_\_\_\_\_ No \_\_\_\_\_  
 Intake Centre: SH \_\_\_\_\_ GP \_\_\_\_\_