



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: _____ / _____ / _____ Gender: Female Male Other
Day Month Year

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>Underage Graduate: I was under 19 years old on July 1st of this school year, and I have graduated from high school (in BC or any other place e.g. another province, state, country). _____ (initial)</p>	<p>Graduated Adult: I was 19 years old, or older, on July 1st of this school year, and I have graduated from high school (in BC or any other place e.g. another province, state, country). _____ (initial)</p>	<p>Future Graduate: 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 _____