



Vancouver Learning Network
530 East 41st Ave.
Vancouver, BC V5W 1P3
604-713-5520 vlns.ca

Grade 8-9 Registration

STUDENT INFORMATION: (Please print clearly)		Date (YYYY/MM/DD):	
Legal Last Name:		Legal First Name:	
Legal Middle Name:		Usual First Name:	
Personal Education Number (PEN):			
Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-binary		Birth Date (YYYY/MM/DD):	
Citizenship: <input type="radio"/> Canadian <input type="radio"/> Landed Immigrant		Place of Birth (City, Country):	
Home Phone:		Other Phone:	
Student Email:		Grade: <input type="radio"/> 8 <input type="radio"/> 9	
Home Address:			
City:		Postal Code:	
First Language:		Assessed with special learning needs? <input type="radio"/> Yes <input type="radio"/> No	
Aboriginal ancestry? <input type="radio"/> Yes <input type="radio"/> No		Band Name:	
PARENT INFORMATION:			
Name of Parent/Legal Guardian:		Parent Email:	
Signature of Student (if 16 yrs. or over) or Parent/Legal Guardian:			
VLN Course(s) requested with reason for taking the course with VLN			
Course		Reason	
HOME SCHOOL INFORMATION: If you are currently in Grade 8 or 9 and want to take courses with the VLN, your administrator must complete this section.			
<i>To the Administrator: Your signature verifies that the student has completed the prerequisite course(s). If this student has been assessed with special learning needs, please ensure documentation accompanies this registration form.</i>			
School Name:			
School Address:			
City:		Postal Code:	
School District #:	Phone:	Fax:	
Administrator Name:		Administrator Signature:	