

## You Took a VLN Course and Want to Take the Same Course Again

You cannot re-register yourself in the same course. We must do it for you. It's a simple process, but we need a little information.

- **If you completed the course and received a final mark, you can restart the same course immediately.**
- **If you withdrew from a course and want to start it again, you must wait for nine months from starting the course the first time to starting it again the second time.**

Please complete the information below:

Name: \_\_\_\_\_

PEN: \_\_\_\_\_

Course: \_\_\_\_\_

I want to repeat after finishing the course \_\_\_

OR

I want to repeat after withdrawing from the course \_\_\_

Save this form and email it to [vlN@vsb.bc.ca](mailto:vlN@vsb.bc.ca)

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FOR ADMINISTRATIVE USE ONLY

Approved \_\_\_ Not approved \_\_\_

Reason: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_

VLN Staff: \_\_\_\_\_



**vancouver  
learning  
network**

Vancouver Learning Network  
530 East 41st Avenue  
Vancouver, BC V5W 1P3  
Tel: (604) 713-5520

## VLN Registration Form

<b>Course Name</b>			
<b>PEN Number</b>			
<b>Legal First Name</b>			
<b>Legal Last Name</b>			
<b>Legal Middle Name</b>			
<b>Preferred First Name</b>			
<b>Gender</b>	Male	Female	Non-binary
<b>Birthdate (YYYY-MM-DD)</b>			
<b>Mailing Address</b>			
<b>City</b>			
<b>Province</b>			
<b>Postal Code</b>			
<b>Home Telephone</b>			
<b>Cell Phone</b>			
<b>Student Email Address</b>			
<b>Parent/Guardian Email Address</b>			
<b>Current K-12 school</b>			
<b>Current Grade</b>			
<b>Last school if no current school</b>			
<b>Country of Birth</b>			
<b>If Canada: City</b>			
<b>If Canada: Province</b>			
<b>First Language</b>			
<b>Citizenship</b>			
<b>Payment Receipt Number</b>			
<b>Are you of Aboriginal ancestry</b>	Yes	No	
<b>Band Name</b>			
<b>Do you have any special needs</b>	Yes	No	
<b>If so, do you have an IEP</b>	Yes	No	
<b>Pre-Requisites Completed</b>			
<b>How did you hear about VLN</b>			
<b>Information above is true and correct</b>			