



APPLICATION FORM

GR. 12 ADULT DOGWOOD /

ADULT BUSINESS SKILLS CERTIFICATE

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 any Distance Learning (DL) courses at any other BC school? Yes
____ No ____

Citizenship and Ancestry (check one)

Canadian Citizen Permanent Resident (PR) Landed Immigrant

Other (please specify) _____

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 _____