Fax To: Counsellor **Home School Fax Number:**_____

PARENT PERMISSION TO CROSS-ENROLL AT LANGLEY EDUCATION CENTRE

For students attending another school

STUDENT INFORMATION: Copy of ID required such as BC DL, BC ID, Care Card, Passport or Birth Certificate

Student's Last Name	Full First Name	Full Middle Name
Student's **Legal** Last Name (if different from above)	Full **Legal** First Name (if different from above)	Full **Legal** Middle Name

Personal Education Number (9-digit): _____

Home Phone:_____ Other Phone:_____

Birthdate (yy / mm/ dd):_____ Age: _____

HOME SCHOOL INFORMATION: In-school students "…must meet the DPA requirements through their [home] school of record." (Planning Guide, p.9) The home school is also responsible for preparing and tracking their students' Grad Plans.

Home School: _____

Student Grad type (circle one): 80 – credit School Completion Certificate

What course and grade level are you requesting? (e.g., EN12):_____

Have you met with or talked to the student's home school counsellor about this course? Yes ☐ No ☐

Is the student currently taking this course? Yes ☐ No ☐

Will textbook(s) be provided by the home school? Yes ☐ No ☐

Is this student an International Student? Yes ☐ No ☐

Is there anything about this student that LEC needs to know? Yes ☐ No ☐

If yes, please explain: _____

PROVINICIAL EXAM INFORMATION:

Does this student plan to write a provincial exam in this course? Yes ☐ No ☐

If yes, this student must register for and write the exam at his/her home school

My son/daughter has my permission to cross-enroll at LEC.

_____ _____

Parent/Guardian Signature Date

21405A – 56th Avenue, Langley BC V2Y 2N1 • Tel: 604 534-7155 • Fax: 604 534-9332 • www.lecss.com