

SUMMER LEARNING

July 5th to 14th
John McInnis Centre
8:30am to 2:30pm
(Lunch: noon to 1pm)

SD 57 is offering a Summer Learning opportunity this year for grades 10-12 students. We are offering remedial courses from July 5-14. Remedial courses are for Grade 10-12 students who would like the opportunity to work towards receiving a passing grade for a course they have already taken in this school year. The main ideas of the courses are presented in a condensed timeline over the 2-week period. Students can register with the attached document.

****Once registration has been received, staff from SD57 will contact the student or parent/guardian to discuss the course that needs to be completed.**

Courses Available

English 10, 11, 12
Workplace Math 10 and 11
Foundations of Math and Pre-
Calculus 10
Foundations of Math 11
Pre-Calculus 11
Science 10
Social Studies 10 and 11

Please fill out the attached
registration and email it to
nrempel@sd57.bc.ca by
June 14, 2023



SCHOOL DISTRICT NO. 57 (Prince George)

School Admission (Policy 5119)

School Name _____

Registration Date _____
(First day of attendance)

STUDENT INFORMATION

MyEdBC No. _____

Legal Last Name _____

Legal First Name _____

Usual Last Name _____

Preferred First Name _____

Middle Name(s) _____

Gender Female _____ Male _____

Birth Date (DD-MM-YY) _____

Proof of Age _____

Home Phone No _____

CIVIC ADDRESS

House No. _____ Apt# _____

Street Name _____

City _____

Postal Code _____

Out of Catchment Yes No

MAILING ADDRESS

Address if different from civic address (e.g. PO Box)

ADMISSION INFORMATION (office use only)

Admission Date _____

Grade _____ Division _____

Reason for Admission _____

PREVIOUS SCHOOL AND DISTRICT

Previous District _____

Previous School _____

Cross Enrolled School _____

Has student attended a StrongStart Program? _____

BACKGROUND INFORMATION

Province & Country of Birth _____

Immigration Status _____

Language Spoken at home _____

ELL/ESD Yes No

Indigenous Ancestry: Yes _____ No _____

If yes: Métis ___ Inuit ___ Non-Status ___

Status - on Reserve ___ Status - off Reserve ___

Band Name _____

Is student living independently (e.g., Living with self) Yes ___ No ___

PARENT / GUARDIAN INFORMATION

Last Name _____

First Name _____

Relationship _____

Living with Student Yes No

Address if different from student

Place of Employment _____

Work Phone No. _____

Available at Work Yes No

Home Phone No. _____

Cellular Phone No. _____

E-mail Address _____

Last Name _____

First Name _____

Relationship _____

Living with Student Yes No

Address if different from student

Place of Employment _____

Work Phone No. _____

Available at Work Yes No

Home Phone No. _____

Cellular Phone No. _____

E-mail Address _____

Do you have a specific custody arrangement we should know about? Yes No
If yes, please provide a copy of the court order.

IN SCHOOL SIBLINGS

Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (DD-MM-YY)	_____	_____	_____	_____
Gender	_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

(Other than Parents who are able to pick up the child/ren)

Emergency Contact No. 1

Emergency Contact No. 2

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____
Work Phone No. _____
Cellular No. _____

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____
Work Phone No. _____
Cellular No. _____

MEDICAL INFORMATION

BC Services Card/ Care Card Number _____
Life-Threatening Illness? Yes No Details _____
Is there a medical diagnosis of Anaphylaxis? _____
Other Health Factors (example: Allergies) _____

Any additional information we should be aware of? _____

Medication(s) to be taken at school? Yes No If yes, physician form must be on file prior to administering at school.

Protection of Privacy

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes, and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Avenue, Prince George, B.C. V2L 4R5. Phone (250) 561-6800.

Parent / Guardian approval: _____ Date _____
(Signature)

School / Administration Notes: