

EBUS Academy, Bag 8000, 187 E. Victoria St., Vanderhoof, BC, V0J 3A2
Phone 1-800-567-1236 | Fax 250-567-3943 www.ebus.ca

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Male Female Personal Education Number PEN (If known): _____

Street Address: _____

City: _____ Postal Code: _____

Mailing Address (if different): _____

Student EMAIL ADDRESS: _____ Birth Date (YYYY/MM/DD) _____

Home Phone: _____ Cell Phone: _____

Current School: _____ District: _____ Grade: _____

School Counsellor Name: _____

FAMILY INFORMATION (Parents / Guardians)

Name: _____ Relationship: _____ Tel. #: _____

Name: _____ Relationship: _____ Tel. #: _____

Address: Same as above or _____

Street Address: _____ City: _____ Postal Code: _____

Parent / Guardian Email Address: _____

COURSE INFORMATION (Please see www.ebus.ca for a complete course listing):

Courses you are interested in: _____

Projected Time Line: _____

- **Grade 10 -12 students have 12 months to complete courses, but MUST stay active in their courses at all times.**
- ****Please note that grade 10 – 12 students will be asked to complete an activation assignment. These can be accessed on our website at www.ebus.ca.**

Please attach a scanned copy of the student's Canadian Birth Certificate
(Please see our website for additional accepted pieces of ID)

Is this the first time you've taken this course? Yes No If No, please explain:

Have you completed work in this course that we might be able to acknowledge i.e. do you have a report card or letter indicating what grades you have received for work or units completed? If we can give you partial credit for work completed we will do so. Yes No

Where will you be doing the majority of your work:

Home School Other: _____

Who will be supervising or supporting your work? Name: _____

Position: _____

Email: _____

How did you hear about EBUS Academy?

EBUS student/family: _____

Advertisement

Through a friend

LearnNow BC website

School Counsellor

Other _____

PARENT/GUARDIAN: My signature indicates that I have read and accept the following conditions:

- I understand that my son/daughter will be participating in an "electronic" program and that regular Internet service and a computer meeting the minimum technical specifications* set by EBUS Academy must be available to my student for this purpose either in my home or by arrangement with the school of record.
- I accept responsibility for the proper care and security of the learning resources provided by the EBUS Academy.

Signature: _____

STUDENT: My signature indicates that I have read and accept the following conditions:

- I commit to doing my best to meet the expectations outlined in the course plan and suggested timeline, to communicate regularly with my online teacher by email and or chat and to submit completed work for assessment and evaluation on a regular and consistent basis.

Student Signature: _____

Students: Please print and take p. 3 of this application to your school counsellor.

Cross-Enrollment Course Request

Student Name: _____

I would like to take the following senior secondary course(s) with EBUS Academy:

1. _____ Semester 1 or 2
2. _____ Semester 1 or 2
3. _____ Semester 1 or 2
4. _____ Semester 1 or 2

Student Signature

Date

BRICK & MORTAR SCHOOL COUNSELOR Use

- I understand that this student will be cross-enrolled with EBUS Academy to take the course(s) specified above.
- I understand that students who are planning on working on EBUS Academy courses primarily at school will need regular access to a computer and the Internet.
- This student will be working on the course
 primarily at school primarily at home both

Home School Name: _____

Counselor's Name (please print): _____

Counselor's Signature: _____

Counselor's Email Address _____

School TRAX Coordinator Email Address _____

School Phone _____ Fax _____

Yes / No PLEASE email me a copy of this student's report cards from EBUS Academy.

- ✓ We will be sending you Progress Reports so that you can continue to maintain student records, PR cards, Ministry submissions and transcripts.
- ✓ EBUS Academy will be responsible for requesting provincial exams from the Ministry for courses being completed through us. These will be sent directly to your school as the official exam site for provincial exams.

Student's PEN _____

Please have your BCeSIS contact in the office cross enroll this student before faxing the form. Thank you.

NOTE:

This student will be working on a flexibly paced course and depending on their start date, reporting information may or may not coincide with reporting dates by the student's home school. Report cards will be emailed/mailed to the family and the student.