

## Parent Permission To Cross-Enroll at Langley Education Centre For students attending another school

**REQUIRED STUDENT ID:** BCDL or Passport or Birth Certificate with Photo Student ID or BCID with Photo Student ID

_____	_____	_____
Student's Last Name	Full First Name	Full Middle Name
_____	_____	_____
Student's <b>Legal</b> Last Name (if different from above)	Full <b>Legal</b> First Name (if different from above)	Full <b>Legal</b> Middle Name
<b>Personal Education Number</b> (9-digit): _____		
Home Phone: _____		Other Phone: _____
Birthdate (yy / mm/ dd): _____		Age: _____

Home School: _____	
<b>Student Grad type</b> (circle one):	2018 Grad Program    Adult Diploma Program    School Completion Certificate
What course and grade level are you requesting? (e.g., ENST12): _____	
Have you talked to the student's home school counsellor about this course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the student currently taking this course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, will this student be withdrawing from the course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will textbook(s) be provided by the home school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this student an International Student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anything about this student that LEC needs to know to support them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____	

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date