SOUTH CENTRAL INTERIOR DISTANCE EDUCATION SCHOOL



PO Box 4700 Stn Main Merritt, BC, Canada V1K 1B8 www.scides.ca PHONE: (250) 378-4245 TOLL-FREE 1-800-663-3536 FAX: (250) 378-1447

School of Record Validation Form for International Students

- \checkmark $\,$ School must complete the application and submit on behalf of the student.
- \checkmark All necessary documents and payment must be received prior to enrollment
- \checkmark Courses expire 12 months after enrolment *(extensions may be available)*.
- ✓ International Students, contact: registrar@365.sd58.bc.ca

A. STUDENT INFORMATION:					
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME(S) GENDER M /			
USUAL LAST NAME	USUAL FIRST NAM	BIRTH DATE PEN mm/dd/yyyy			
STUDENT TELEPHONE NUMBERS					
Cell	Home	Work			
STUDENT EMAIL ADDRESS:		PARENT NAME AND EMAIL ADDRESS			
STUDENT MAILING ADDRESS		SCHOOL CONTACT:			
CITY PROVINCE	POSTAL CODE	- SCHOOL CONTACT EMAIL:			
CURRENT SCHOOL: Name/Phone/Fax	Name (<i>Please Print</i>): Title: :	firms the course(s) listed meet			
B. COURSE INFORMATION		C. PAYMENT INFORM	1ATION		
COURSES REQUESTED		Course Fee: \$750/course (see refund policy) Refund Policy: 1. If you cancel within 2 weeks of enrollment: \$50 cancellation fee. 2 If you cancel after 2 weeks of enrollment: NO REFUND. 3 If you have completed more than 10% of the course, NO REFUND, no matter when you cancel. Refundable Text Deposit: \$50/course (if texts required) Total: \$ condition. Textbooks must be returned within 2 weeks of course completion			

Text deposits will be refunded only when all textbooks are returned in good condition. Textbooks must be returned within 2 weeks of course completion or withdrawal from the course(s). An invoice for the full replacement value will be issued for any textbooks not returned, minus any deposit on file.

FOR OFFICE USE ONLY:	
 SOR counselor consulted by SCIDES SCIDES teacher established contact with student Payment received 	
Expiry Date: NOTES:	