

310 Nelson Ave., Nelson, British Columbia V1L 2M8  
Telephone: (250) 354-4311 Toll Free: 1(800) 663-4614

## ELEV8 - DESK Application Form Kindergarten to Grade 9

Date of Application: \_\_\_\_\_

Student Information:  Male  Female Birthdate: DD/MM/Year: \_\_\_\_\_

Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Usual Surname: \_\_\_\_\_ Usual First Name: \_\_\_\_\_

If surname has changed, give previous name: \_\_\_\_\_

Province of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

(Birth Certificates are required for Kindergarten students and students transferring from out of province)

**\*Mailing Address:**

*\*learning resources will be sent to this address*

Residential Address: (if different from above):

**Email addresses** (Grade 5, 6, 7, 8 and 9 Students must have their own dedicated email address to access online courses)

**Student:**

**Parent:**

**Telephone Numbers**

**Home:**

**Work:**

**Cell:**

Are you of First Nations Ancestry? Yes  No

Status  Band \_\_\_\_\_ Non-Status

First and Last Name of Mother/Legal Guardian: \_\_\_\_\_ B.C. Resident? Yes  No

Canadian Citizen? Yes  No  or Permanent Resident (Landed Immigrant) Yes  No

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First and Last Name of Father/Legal Guardian: \_\_\_\_\_ B.C. Resident? Yes  No

Address: (if different from above) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Canadian Citizen? Yes  No  or Permanent Resident (Landed Immigrant) Yes  No

**Program** (Check the grade level applicant is registering into):

Primary Program

Kindergarten

Grade 1

Grade 2

Grade 3

Intermediate Program

Grade 4

Grade 5

Grade 6

Middle School Program

Grade 7

Grade 8

Grade 9

\* make sure to fill out the back of this form

**Name and address of last school attended.**

\*If SD8, please also complete transfer form.

Last grade completed \_\_\_\_\_

Date completed DD/MM/Year \_\_\_\_\_

If withdrawn from school during year, state grade, month and year: Grade \_\_\_\_\_

Withdrew: DD/MM/Year \_\_\_\_\_

**Student Background Information:**

1. Has a District Assessment been done? Yes  No
2. Was any Inclusion Support provided? Yes  No
3. Describe any inclusive learning needs:
  
4. Additional Information you would like Elev8-DESK to know about Student (learning style, interests, areas requiring special attention):
  
5. May we display your child's work on the DESK website/learning platform/DESK newsletters?  
Yes  No

- Signing of this form indicates that the information provided is accurate and complete.
- The applicant agrees that all materials received will be kept in good condition and returned on request of DESK. Lost or damaged materials will be subject to replacement costs.
- I understand that the student is not officially active until substantive work is submitted within 21 days of registration
- I also understand that there is a requirement to submit work on a regular basis according to the student-learning plan
- If active learning progress is not made the student will be deemed inactive, and may be withdrawn from the DESK program, with notice
- As a parent/guardian, I make a formal commitment to support my child in completing his/her student-learning plan with Elev8-DESK.

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**Signature of Parent/Guardian**

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**Signature of Student (grade 7, 8 and 9)**