

Stein Valley Nlakapamux School



P.O. Bag 300 Lytton, BC V0K 1Z0
1675 St. Georges Road

Phone: 250-455-2522

Fax: 250-455-2512



2022-23 STUDENT REGISTRATION & APPLICATION

INSTRUCTIONS:

A. *Registration and Application for New Students:*

1. Complete Registration / Application Form
2. Complete CAAT Assessment Test Level C
3. Provide Transcripts if Required
4. Meet with Coordinator to Review Assessment and Develop Adult Learning Plan
5. Sign ALP, Computer Use and Expectations Forms

B. *Returning Students:* Steps 1, 4 and 5. Skip steps # 2 and 3.

PERSONAL INFORMATION – Please print

Family Name: _____ Date of Birth ____/____/____

Given Names: _____ D M Y

Address: _____ Phone: _____

_____ Cell: _____

Email Address: _____

Social Insurance Number: _____ Gender: ____ Male ____ Female

Children & Ages: _____

Spouse: _____

Aboriginal Ancestry

Please Circle One: Status Non Status Métis Inuit

First Nation: _____ Status #: _____

PLEASE INDICATE YOUR INTERESTS: Check any that apply.

DAY TIME Adult Graduation _____ **EVENING** English _____

Post-secondary Upgrading _____ Math _____

Virtual Classes _____ **OTHER** _____

EMERGENCY CONTACT INFORMATION

Who should be contacted in case of any emergency?

Name: _____ Phone: _____

Relationship to you: _____

Do you have any medical conditions or health problems that may affect you learning that you want SVNS to be aware of? If yes, please explain in the space below. This information is confidential and will not affect your acceptance to SVNS.

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ADULT LEARNING PLAN

STUDENT NAME: _____ **YEAR:** _____ to _____

PREVIOUS EDUCATION

High School: _____

City/Town: _____ Province: _____ Year: _____

Grade completed: _____

College / University: _____

City/Town: _____ Province: _____ Year: _____

Program / Courses: _____

SELECTED PROGRAM OF CHOICE: Please select one only:

_____ Adult Graduation / Adult Basic Education Program

Indicate Path: General _____ Humanities _____ Sciences _____ Trades _____

_____ University/College Prep: School _____ Program _____

_____ Pre-employment Training: _____

_____ Other: _____

COURSES:

<u>Course Title</u>	<u>Course Title</u>
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

ADDITIONAL & OPTIONAL LEARNING OPPORTUNITIES:

_____ First Voices _____ Daily Physical Activity _____ Keyboarding
_____ Cultural Activities _____ Work Experience _____ Catering

Planning to attend: _____ Full-time _____ Part-time

Start Date: _____ Fall (Sept – Dec) _____ Winter (Jan – March) _____ Spring (Apr – June)

FINAL ADMISSIONS PROCESS:

Write the Canadian Adult Achievement Test (CAAT) Date: _____

Schedule an Interview Date to Complete Adult Learning Plan: _____

I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. I understand that if any statements or documents submitted are found to be untrue or false this application may be rejected.

Student Signature Date

Coordinator Signature Date