

## Application Overview

Thank you for applying for enrollment at Pathways Academy. We are looking forward to partnering with your family.

This form is designed to help us understand your family needs and how we can best support you and your children throughout their learning journey. We gather a good amount of information initially, so once the application is complete, we usually don't need to ask for additional forms or signatures.

- The information you share provides a helpful foundation for the conversation you will have with your teacher upon acceptance to Pathways Academy (PA).
- The information also supports compliance with Ministry of Education policies and requirements.

When completing this application, feel free to indicate if you would like to speak directly with a teacher or an administrator about a specific question.

### Required Documentation:

- Birth Certificate (legible copy per student)

### Supporting Documentation: (if applicable)

- Legal custody documents
- Citizenship card, Landed Immigrant, work visa
- Formal learning assessments

### Other Forms:

- [Additional Student Application](#) (when enrolling more than four students)
- Medical Alert Form, if needed
- Learning Support Agreement, if needed

*All information collected by this form is protected by our Personal Information Privacy Policy.*

## Privacy Policy

### Pathways Academy's Commitment to You

Safeguarding the personal information of parents and students is a fundamental priority at Pathways Academy (PA). The school is committed to meeting or exceeding the privacy standards established by British Columbia's Personal Information Privacy Act (PIPA) and any other applicable legislation. The full version of our Personal Information Privacy Policy is available on our website: <https://pathwaysacademy.ca/personal-information-privacy-policies.html>

Pathways Academy uses personal information according to the following ten principles as described in our Personal Information Privacy Policy:

- Principle 1 - Accountability
- Principle 2 - Identifying Purposes
- Principle 3 - Consent
- Principle 4 - Limiting Collection
- Principle 5 - Use, Disclosure and Retention
- Principle 6 - Accuracy
- Principle 7 - Safeguarding Personal Information
- Principle 8 - Openness
- Principle 9 - Individual Access
- Principle 10 - Complaint Process

The Pathways Academy privacy officer is Mr. Ron Ammundsen. For more information, he may be reached by email at: [ron.ammundsen@pathwaysacademy.ca](mailto:ron.ammundsen@pathwaysacademy.ca).

At Pathways Academy, we seek to be open and honest regarding student and family information. Pathways Academy requests your permission and consent to collect personal information needed for enrollment. This includes copies of birth certificates, legal guardianship and court orders (if applicable), behavioral, academic, and health information, most recent report cards, permanent student records, and other similar information.

**I/We consent to the collection, use and disclosure of such personal information for the uses described in the Pathways Academy Personal Information Privacy Policy. All the information I provide will be current and accurate.**

 **Initial:** \_\_\_\_\_

### School Policies

Pathways Academy policies can be found on the homepage of the school website in the 'About' menu.

**Third-Party Services:** Families are encouraged to make use of third-party services for educational opportunities that teachers and/or parents are unable to provide (e.g. swimming lessons, art classes, etc.). Parents are required to collaborate with their teacher to ensure the service meets a specific need in the Student Learning Plan. Parents are also required to connect the service provider with Pathways Academy and ensure the school receives an invoice. All invoices and payments must be paid directly by Pathways Academy. Parents cannot be reimbursed for payments made with personal funds. All third-party service providers must have a current Criminal Record Check in place prior to submitting invoices. The service provider is also required to provide a business number (or social insurance number if a business number does not exist).

**Learner Safety and Health:** As an online school community, Pathways Academy does not have physical brick-and-mortar school premises. Student life occurs under the direct supervision of the parent or guardian. Therefore, when students are at third-party locations, it is the responsibility of the parent or guardian to evaluate that location for any safety or health risks and to supervise their child's behavior.

**I/We know where to locate Pathways Academy Policies, and I have read and understand the policy information in this section.**

 Initial: \_\_\_\_\_

### Parent/Legal Guardian Information

Guardian 1 <i>(primary contact for the school)</i>	Guardian 2
<b>MAIN INFORMATION</b>	
First Name:	
Last Name:	
Relationship to Student:	
Marital Status:	
E-mail:	
Home Phone:	
Cell Phone:	
Occupation:	
Work Phone:	
<b>HOME ADDRESS</b>	
Street Address:	
City, Province:	
Postal Code:	
<b>MAILING ADDRESS (if different than home address)</b>	
Address:	
City, Province:	
Postal Code:	
<b>LEGAL CUSTODY</b>	

Are legal custody arrangements in place for the student(s)?

☐ Yes    ☐ No

- *If yes, please provide a copy of the legal court orders with this application.*

Is there an unresolved custody dispute involving the student(s)?

☐ Yes    ☐ No

- *If yes, please explain on a separate page and submit with this application.*

### Emergency Contact

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## FORM A: Legal Residency of Parent/Guardian

The Ministry of Education requires the school to obtain proof of residency for **every student**. As such, this form must be completed and signed by a parent or the legal (court-appointed) guardian.

- Please attach a copy of the court order appointing you as legal guardian if you are not the parent.
- Please attach the documentation described below if you were not born in Canada or are not a Canadian Citizen.

**CANADIAN CITIZEN or LAWFULLY ADMITTED INTO CANADA**

I am: (please CHECK one)

- ☐ **A Canadian Citizen** (if not born in Canada, please attach a photocopy of citizenship paper/card)
- ☐ A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- ☐ Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
- ☐ Admission as a refugee or refugee claimant
- ☐ Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
- ☐ Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- ☐ A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- ☐ Other – Document description: (must be cleared with Citizenship and Immigration Canada)

## RESIDENCY IN BRITISH COLUMBIA

- ☐ Yes: Residency Address (in full, again): \_\_\_\_\_  
City, Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_
- ☐ No. I am not a resident of British Columbia

**CONFIRMING SIGNATURE**

Parent/Legal Guardian: \_\_\_\_\_  
*Print Name*

Parent/Legal Guardian: \_\_\_\_\_

*Signature* YYYY-MM-DD

Click inside the signature box. You will be prompted to create and use an **electronic signature**.

OR

*Continue and print the completed form to sign manually.*

## Teacher Choice

After reviewing the teacher profiles on our website ([Staff Directory](#)), please indicate your top two teacher choices.

Teacher choice #1: \_\_\_\_\_ Teacher choice #2: \_\_\_\_\_

## Cross-Enrolling with Pathways

A student is considered cross-enrolled with Pathways if they are taking **only a few courses with Pathways** and most of their courses at another school. If so, **list the name of their main school (School of Record)** in the Student Info below. It is important to know, because Pathways is required to provide the main school with final marks for courses taken with Pathways. This step ensures student records/transcripts are updated and credits are given for courses completed here.

**Note:** If Pathways is the main school (School of Record) **leave the cross-enrolled line blank** in the Student Info below. If, at any point during the year, one of your children takes an additional course at another school, please inform your teacher. As the main school, we need to ensure we receive course marks from the other school, otherwise that course may not be included on the student record/transcript.

**Student #1****MAIN INFORMATION**

Legal First Name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Gender on Birth Certificate: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Preferred First Name (if different): \_\_\_\_\_ Aboriginal Ancestry (optional): \_\_\_\_\_  
 Preferred Last Name (if different): \_\_\_\_\_ Desired Start Date (MM-YYYY): \_\_\_\_\_  
 BC Health Services # (Care Card): \_\_\_\_\_ Grade Level (at start date): \_\_\_\_\_  
 Anaphylactic allergies or serious medical conditions: \_\_\_\_\_

**Cross-enrolling at PA?** Name of main school: \_\_\_\_\_ City: \_\_\_\_\_

**PREVIOUS SCHOOL**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates attended: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for changing schools: \_\_\_\_\_

**PERSONAL EDUCATION NEEDS**

Does your child struggle with any subjects? Explain. \_\_\_\_\_  
 If so, do you anticipate that your child will need extra support?  
 What type of support would best meet your child's needs? \_\_\_\_\_  
 Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_  
 Has your child had professional assessments (e.g. speech)  
 that would help us to plan your child's educational program? \_\_\_\_\_  
 Has your child received professional support for speech, vision,  
 or movement (e.g. occupational therapy)? Please describe. \_\_\_\_\_  
 Do you anticipate that your child will need social or emotional  
 support (e.g. counselling)? \_\_\_\_\_

**Student #2****MAIN INFORMATION**

Legal First Name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Gender on Birth Certificate: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Preferred First Name (if different): \_\_\_\_\_ Aboriginal Ancestry (optional): \_\_\_\_\_  
 Preferred Last Name (if different): \_\_\_\_\_ Desired Start Date (MM-YYYY): \_\_\_\_\_  
 BC Health Services # (Care Card): \_\_\_\_\_ Grade Level (at start date): \_\_\_\_\_  
 Anaphylactic allergies or serious medical conditions: \_\_\_\_\_

**Cross-enrolling at PA?** Name of main school: \_\_\_\_\_ City: \_\_\_\_\_

**PREVIOUS SCHOOL**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates attended: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for changing schools: \_\_\_\_\_

**PERSONAL EDUCATION NEEDS**

Does your child struggle with any subjects? Explain. \_\_\_\_\_  
 If so, do you anticipate that your child will need extra support?  
 What type of support would best meet your child's needs? \_\_\_\_\_  
 Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_  
 Has your child had professional assessments (e.g. speech)  
 that would help us to plan your child's educational program? \_\_\_\_\_  
 Has your child received professional support for speech, vision,  
 or movement (e.g. occupational therapy)? Please describe. \_\_\_\_\_  
 Do you anticipate that your child will need social or emotional  
 support (e.g. counselling)? \_\_\_\_\_

**Student #3****MAIN INFORMATION**

Legal First Name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Gender on Birth Certificate: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Preferred First Name (if different): \_\_\_\_\_ Aboriginal Ancestry (optional): \_\_\_\_\_  
 Preferred Last Name (if different): \_\_\_\_\_ Desired Start Date (MM-YYYY): \_\_\_\_\_  
 BC Health Services # (Care Card): \_\_\_\_\_ Grade Level (at start date): \_\_\_\_\_  
 Anaphylactic allergies or serious medical conditions: \_\_\_\_\_

**Cross-enrolling at PA?** Name of main school: \_\_\_\_\_ City: \_\_\_\_\_

**PREVIOUS SCHOOL**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates attended: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for changing schools: \_\_\_\_\_

**PERSONAL EDUCATION NEEDS**

Does your child struggle with any subjects? Explain. \_\_\_\_\_  
 If so, do you anticipate that your child will need extra support?  
 What type of support would best meet your child's needs? \_\_\_\_\_  
 Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_  
 Has your child had professional assessments (e.g. speech)  
 that would help us to plan your child's educational program? \_\_\_\_\_  
 Has your child received professional support for speech, vision,  
 or movement (e.g. occupational therapy)? Please describe. \_\_\_\_\_  
 Do you anticipate that your child will need social or emotional  
 support (e.g. counselling)? \_\_\_\_\_

**Student #4****MAIN INFORMATION**

Legal First Name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Gender on Birth Certificate: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Preferred First Name (if different): \_\_\_\_\_ Aboriginal Ancestry (optional): \_\_\_\_\_  
 Preferred Last Name (if different): \_\_\_\_\_ Desired Start Date (MM-YYYY): \_\_\_\_\_  
 BC Health Services # (Care Card): \_\_\_\_\_ Grade Level (at start date): \_\_\_\_\_  
 Anaphylactic allergies or serious medical conditions: \_\_\_\_\_

**Cross-enrolling at PA?** Name of main school: \_\_\_\_\_ City: \_\_\_\_\_

**PREVIOUS SCHOOL**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates attended: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for changing schools: \_\_\_\_\_

**PERSONAL EDUCATION NEEDS**

Does your child struggle with any subjects? Explain. \_\_\_\_\_  
 If so, do you anticipate that your child will need extra support?  
 What type of support would best meet your child's needs? \_\_\_\_\_  
 Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_  
 Has your child had professional assessments (e.g. speech)  
 that would help us to plan your child's educational program? \_\_\_\_\_  
 Has your child received professional support for speech, vision,  
 or movement (e.g. occupational therapy)? Please describe. \_\_\_\_\_  
 Do you anticipate that your child will need social or emotional  
 support (e.g. counselling)? \_\_\_\_\_

### Family Profile

We want to get to know you and your educational learning needs, wants, and goals. The following information becomes part of your Learning Plan and helps us create the best learning experience possible. Learning is a process, so you are never 'locked in' and are always able to make changes to your profile as needed.

*Include anything about your family setting, family values, and teaching/learning styles that will help us match you with a teacher or will help your teacher give well-informed, compassionate direction regarding your child's educational program.*

#### FAMILY WAYS

Spiritual persuasion (only considered when we suggest resources/content): \_\_\_\_\_

Lifestyle/physical setting/interests: \_\_\_\_\_

I am motivated by (eg. affirmation, schedules, punctuality, freedom): \_\_\_\_\_

Describe two teacher characteristics that would support a positive home learning experience for your household (eg. level of involvement, flexible, specific expertise): \_\_\_\_\_

#### PREFERRED LEARNING STRATEGIES

*Please CHECK all the learning activities that you would feel comfortable including in your learning process:*

- |   |   |
|---|---|
| <input type="checkbox"/> working individually   | <input type="checkbox"/> doing artwork, songs/stories, drama        |
| <input type="checkbox"/> reading silently   | <input type="checkbox"/> playing games                              |
| <input type="checkbox"/> group discussions  | <input type="checkbox"/> reading out loud as a group                |
| <input type="checkbox"/> making charts, graphs, and diagrams                              | <input type="checkbox"/> watching videos or DVDs                    |
| <input type="checkbox"/> doing demonstrations and making presentations                    | <input type="checkbox"/> group exploration                          |
| <input type="checkbox"/> doing experiments  | <input type="checkbox"/> interviewing, questioning, and/or watching |
| <input type="checkbox"/> manipulating objects   | <input type="checkbox"/> building models and doing projects         |
| <input type="checkbox"/> exploring concepts in real-life (kitchen, workshop, field trips) | <input type="checkbox"/> prepared workbooks and/or worksheets       |
| <input type="checkbox"/> completing tasks assigned by the teacher                         | <input type="checkbox"/> other: _____                               |

Comments: \_\_\_\_\_

#### PREFERRED CURRICULUM and/or PRESENTATION FORMATS

*Please CHECK all the curriculum and formats that you would feel comfortable including in your learning process:*

- |  |  |
|--|--|
| <input type="checkbox"/> multi-age family grouping         | <input type="checkbox"/> combine reading and writing with other subjects                     |
| <input type="checkbox"/> grade-level teaching per child    | <input type="checkbox"/> many good books related to a topic                                  |
| <input type="checkbox"/> primarily paper format            | <input type="checkbox"/> unit study/theme-based learning                                     |
| <input type="checkbox"/> primarily electronic format       | <input type="checkbox"/> traditional textbook for content                                    |
| <input type="checkbox"/> video/DVD format                  | <input type="checkbox"/> traditional textbook and associated aids for content and assessment |
| <input type="checkbox"/> mixed format                      | <input type="checkbox"/> online courses or computer-based programs (e.g. SOS)                |
| <input type="checkbox"/> regular parental involvement      | <input type="checkbox"/> teacher-prepared courses  |
| <input type="checkbox"/> little to no parental involvement | <input type="checkbox"/> complete curriculum (e.g. Alpha Omega, Sonlight, ACE, CLE)          |

Other preferences: \_\_\_\_\_

#### ASSESSMENT STRATEGIES

*Please CHECK all the assessment options that you would feel comfortable including in your learning process:*

- |   |  |
|---|--|
| <input type="checkbox"/> face-to-face visit with my teacher                         | <input type="checkbox"/> student writing                                       |
| <input type="checkbox"/> online conference with my teacher                          | <input type="checkbox"/> workbook pages or worksheets                          |
| <input type="checkbox"/> demonstration of skills or processes to an adult           | <input type="checkbox"/> portfolio work samples (outlined by teacher)          |
| <input type="checkbox"/> presentation of projects, artwork, journal entries         | <input type="checkbox"/> lesson scans and scores                               |
| <input type="checkbox"/> narration (telling what I learned, verbally or in writing) | <input type="checkbox"/> using a prepared course, turning in the assignments   |
| <input type="checkbox"/> discussion, questioning, sharing                           | <input type="checkbox"/> formal prepared assessment (e.g. SNAP, chapter tests) |
| <input type="checkbox"/> photo or video documentation                               | <input type="checkbox"/> oral quizzes and tests                                |
| <input type="checkbox"/> anecdotal observations of learning                         | <input type="checkbox"/> written quizzes and tests                             |
| <input type="checkbox"/> end-of-term assessment interviews with my teacher          | <input type="checkbox"/> exams (high school)                                   |
| <input type="checkbox"/> student self-assessment                                    | <input type="checkbox"/> other: _____  |

Comments: \_\_\_\_\_

### FSA Participation (Gr. 4 & 7 ONLY)

Students enrolled in Gr. 4 or 7 are required by the Ministry of Education to participate in the Foundational Skills Assessment (FSA).

If you have children in Gr. 4 or 7, will they participate in the FSA?

☐ Yes

☐ No

### Technology Agreement

#### GENERAL

As a distributed learning school, communication is key, and technology plays a large part in supporting meaningful interactions. The following methods of electronic communication *may* be used throughout the school year: telephone, e-mail, Skype, voice messaging, video conferencing (e.g. Zoom), and online Student Planners. If you are unfamiliar with any of these methods, instruction will be provided or one of the other methods will be used instead.

I/We agree to use the methods of electronic communication listed above.



Initial: \_\_\_\_\_

#### GOOGLE DOCS & SOCIAL MEDIA (OPTIONAL)

**Google Docs, Facebook, and Other Social Media:** Pathways Academy does not promote the use of Google Docs, Facebook, or other social media as a means of reporting student progress. However, we do work together with families who prefer these platforms as a method of communication. Families who wish to make use of these methods of communication must be willing to accept the privacy risks associated with sharing personal information across these platforms. Please be aware that data shared via Google Docs, Facebook, and other social media are stored on servers located outside Canada and are, therefore, not under the same protective, PIPA standards which govern the school regarding its own data.

**Pathways Planner Data:** Your planner and the information it contains is securely stored on a private server owned by Pathways Academy and located within B.C., as per Ministry of Education regulations and policy. Pathways Academy adheres to standards set out by the Personal Information Privacy Act of 2004 (PIPA).

**I/We the parent(s) and/or legal guardian(s), acknowledge and accept the privacy risks inherent in using Google Docs, Facebook and other social media as a means of reporting student progress. We choose to include the use of these platforms in our communications with the Pathways Academy staff and teachers.**

Initial (optional): \_\_\_\_\_

#### DIRECT STUDENT CONTACT

**This section is OPTIONAL. You are not required to provide student email addresses or cell phone #s.** By providing your child's email address and/or cell phone # below, you are giving your permission to Pathways Academy staff (teachers, administrators, and educational assistants) to contact your student directly via the student's personal email and/or text for educational purposes and school communications only. This option is most commonly requested by parents of high school students. If you want to be cc'd in all email & text communication from Pathways Academy to your child, do not initial below.

Student Name	E-mail (optional)	Cell # (optional)	Do not cc me* (initial)

**If you do NOT want to be cc'd...**

Indicate your request to be removed from the communication by initialing for each applicable student above. If you initial above, you will NOT be cc'd on all emails and texts from Pathways staff to your child. Copies of all communication will continue to be archived by the school.

### Weekly Contact Agreement

As outlined in the Pathways Handbook, we, the parent(s) and/or legal guardian(s), agree to:

1. Collaborate with our teacher to develop each of our children's learning plans.
2. Participate in continuous assessment throughout the learning year by committing to a minimum of 32 meaningful weekly contacts (e.g. email, Skype, voice messaging, phone, direct interaction, etc.).
3. Provide adequate learning observations and work samples.
4. Inform our teacher whenever we will be away from our studies for more than one (1) week (e.g. holiday, sickness, accident, etc.).
5. Participate in three (3) in-depth, formal assessments/interviews.

We, the parent(s) and/or legal guardian(s), understand that if there is an unexplained lapse in weekly contact for two (2) weeks, an administrator will contact us, and the allocated educational resource funds may be frozen. After contact resumes for three (3) weeks, the funding, if frozen, will once again be available on our behalf.

I/We are in full agreement and intend to comply with the statements above.

 Initial: \_\_\_\_\_

List your top two preferred methods of communication (e.g. Zoom, email, phone): 1) \_\_\_\_\_ 2) \_\_\_\_\_

### ADDITIONAL FAMILY COMMENTS


Please CHECK anything that applies to you:

- ☐ I do not anticipate any difficulties meeting the weekly contact requirements.
- ☐ I will have difficulty meeting the weekly contact requirements.
- ☐ In the past, I have had difficulty maintaining weekly contact.
- ☐ I would find it helpful to receive weekly reminders.
- ☐ Our weekly contact will be affected by unique circumstances.

Please explain: \_\_\_\_\_

### Early Withdrawal Fee

I/We understand that a minimum \$75 administrative fee will be charged if we withdraw or cancel enrollment between the time our enrollment is confirmed and October 31 of the upcoming school year.

 Initial: \_\_\_\_\_

### Parent/Guardian Signature

I/We have read and completed this application with the full intention to enroll the children we have listed above with Pathways Academy for the upcoming school year.

Parent/Legal Guardian's Name: \_\_\_\_\_  
*Print Name*

Parent/Legal Guardian's Signature: \_\_\_\_\_  
*Signature* YYYY-MM-DD

Click inside the signature box. You will be prompted to create and use an **electronic signature**.

OR

You may print the completed form to sign manually.

**\*Signatures required on Pages 3 and 8**

\*Please provide copies of **birth certificates** and other applicable **supporting documentation** (see Page 1).