



ENROLLMENT APPLICATION

Return to: office@pathwaysacademy.ca

Fax: 1-888-263-8611
Box 10096 RPO HART
Prince George, B.C. V2K 5Y1

Enrollment Application for 2026-27

Thank you for applying for enrollment at Pathways Academy.

This application is designed to help us understand your family needs and how we can best support you and your children throughout their learning journey. We are looking forward to partnering with your family.

- ❖ The information you share is helpful when pairing you with a teacher and for building an initial learning plan.
- ❖ The information we request supports our compliance with Ministry of Education policies and requirements.

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

Documents to Submit

REQUIRED:

- Birth certificate(s)
- Proof of BC Residency
- Completed Application

Supporting (if applicable):

- Formal learning assessments
- Legal custody documents
- Citizenship documents

Other (by request):

- Medical Alert Form
- Learning Support Agreement

Privacy Policy

Pathways Academy's Commitment to You

Safeguarding the personal information of parents and students is a fundamental priority at Pathways Academy. 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: <http://pathwaysacademy.ca/privacy.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

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.

For more information contact Mr. Ron Ammundsen, Privacy Officer: ron.ammundsen@pathwaysacademy.ca.

Parent/Guardian Consent

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

Parent/Legal Guardian: _____
Print Name

Parent/Legal Guardian: _____
Signature _____ *YYYY-MM-DD* 

Print this form to sign manually or click to
insert your electronic signature.

***Signatures and/or initials are required where indicated by red arrows.**

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 (primary contact for the school)

Guardian 2

MAIN INFORMATION	
First Name:	
Last Name:	
Relationship to Students:	
Marital Status:	
E-mail:	
Home Phone:	
Cell Phone:	
Occupation:	
Home Language:	
HOME ADDRESS	
Street Address:	
City, Province:	
Postal Code:	
MAILING ADDRESS (if different than home address)	
Mailing Address:	
City, Province:	
Postal Code:	
LEGAL CUSTODY	

Who has custody? Both parents Mother Father Other (step-parent, aunt, social worker, etc.) _____

If different for each student, please describe: _____

Are legal custody orders in effect or in process/unresolved? No Yes, for: _____

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

Emergency Contact

Emergency Contact: _____ Phone: _____
 Family Doctor: _____ Phone: _____

How Did You Hear About Us?

HOW DID YOU HEAR ABOUT US? Friend, family, other school, online search, etc. If you were referred by a Pathways family, please let us know so we may thank them.

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

Enter address in full, again.

Yes, I am a BC resident.

Street Address:

City:

Province:

Postal code:

No, I am not a BC resident.

CONFIRMING SIGNATURE

Parent/Legal Guardian: _____
Print Name

Parent/Legal Guardian: _____
Signature _____ *YYYY-MM-DD*

Print the completed form to sign manually.

OR

*Click inside the signature box to create/use
 your electronic signature.*



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: _____

What is cross-enrolling?

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, enter the name of their main school in the Student Info below. This is their 'School of Record'. 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 that courses completed at Pathways are entered on the student's transcript.

Note: If Pathways Academy is the only school, **leave the cross-enrolled info blank**. If your child takes an additional course at another school at any point during the school year, please inform our office. We will need to request final marks directly from that school, or the course may not be included on the student's transcript.

Student #1

Legal first name: _____ Birthdate (YYYY-MM-DD): _____
 Legal middle names: _____ Gender on birth certificate: _____
 Legal last name: _____ Country of citizenship: _____
 Preferred first name (if different): _____ Country of birth: _____
 Preferred last name (if different): _____ Desired start date (MM-YYYY): _____
 BC Health Services # (Care Card): _____ Grade level (at start date): _____
 Medical Alert (anaphylactic or serious conditions) Y/N: _____ Other health: _____

Aboriginal Ancestry: Inuit, Metis, Non-Status, Status on-reserve, Status off-reserve: _____ Band: _____

Cross-enrolling only? If so, enter name of current school below. Course request(s): _____

PREVIOUS SCHOOL

School Name: _____ City: _____ Date last attended: _____

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

Legal first name: _____ Birthdate (YYYY-MM-DD): _____
 Legal middle names: _____ Gender on birth certificate: _____
 Legal last name: _____ Country of citizenship: _____
 Preferred first name (if different): _____ Country of birth: _____
 Preferred last name (if different): _____ Desired start date (MM-YYYY): _____
 BC Health Services # (Care Card): _____ Grade level (at start date): _____

Medical Alert (anaphylactic or serious conditions) Y/N: _____ Other health: _____

Aboriginal Ancestry: Inuit, Metis, Non-Status, Status on-reserve, Status off-reserve: _____ Band: _____

Cross-enrolling only? If so, enter name of current school below. Course request(s): _____

PREVIOUS SCHOOL

School Name: _____ City: _____ Date last attended: _____

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

Legal first name: _____ Birthdate (YYYY-MM-DD): _____
 Legal middle names: _____ Gender on birth certificate: _____
 Legal last name: _____ Country of citizenship: _____
 Preferred first name (if different): _____ Country of birth: _____
 Preferred last name (if different): _____ Desired start date (MM-YYYY): _____
 BC Health Services # (Care Card): _____ Grade level (at start date): _____
 Medical Alert (anaphylactic or serious conditions) Y/N: _____ Other health: _____
 Aboriginal Ancestry: Inuit, Metis, Non-Status, Status on-reserve, Status off-reserve: _____ Band: _____
 Cross-enrolling only? _____ If so, enter name of current school below. Course request(s): _____

PREVIOUS SCHOOL

School Name: _____ City: _____ Date last attended: _____
 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

Legal first name: _____ Birthdate (YYYY-MM-DD): _____
 Legal middle names: _____ Gender on birth certificate: _____
 Legal last name: _____ Country of citizenship: _____
 Preferred first name (if different): _____ Country of birth: _____
 Preferred last name (if different): _____ Desired start date (MM-YYYY): _____
 BC Health Services # (Care Card): _____ Grade level (at start date): _____
 Medical Alert (anaphylactic or serious conditions) Y/N: _____ Other health: _____

Aboriginal Ancestry: Inuit, Metis, Non-Status, Status on-reserve, Status off-reserve: _____ Band: _____

Cross-enrolling only? _____ If so, enter name of current school below. Course request(s): _____

PREVIOUS SCHOOL

School Name: _____ City: _____ Date last attended: _____

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

The Family Profile helps your teacher understand your educational learning needs, wants, and goals. This information becomes part of your Learning Plan and helps us create the best learning experience possible.

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. Learning is a process, so you are never 'locked in' and are always able to make changes to your profile as needed.

FAMILY WAYS

Spiritual persuasion (for the purpose of resource/content selection only): _____

Lifestyle/physical setting/interests: _____

I am motivated by... (e.g. affirmation, schedules, punctuality, freedom): _____

Describe two teacher characteristics that would support a positive home learning experience for your household (e.g. the level of involvement, flexible, responsive, expertise in...): _____

PREFERRED LEARNING STRATEGIES

CHECK the learning activities that you would prefer to include in your learning process:

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

PREFERRED CURRICULUM and/or PRESENTATION FORMATS

CHECK the curriculum and formats that you would prefer to include in your learning process:

<input type="checkbox"/> multi-age family group teaching <input type="checkbox"/> <u>grade-level teaching per child</u> <input type="checkbox"/> primarily paper format <input type="checkbox"/> primarily electronic format <input type="checkbox"/> primarily video/DVD format <input type="checkbox"/> mixed format <input type="checkbox"/> regular parental involvement <input type="checkbox"/> little to no parental involvement	<input type="checkbox"/> combine reading and writing with other subjects <input type="checkbox"/> include a variety of good books related to one topic <input type="checkbox"/> unit study or theme-based learning <input type="checkbox"/> traditional textbook for content and assessment <input type="checkbox"/> computer-based programs (e.g. IXL, Raz Kids) <input type="checkbox"/> fully prepared courses <input type="checkbox"/> complete curriculum (e.g. Alpha Omega, Sonlight, ACE, CLE) <input type="checkbox"/> other:
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Comments: _____

PREFERRED ASSESSMENT STRATEGIES

CHECK the assessment options that you would prefer to include in your learning process:

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

FSA Participation (Gr. 4 & 7 ONLY)

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

Will your child participate in the FSA? Yes No N/A, my child is not in Grade 4 or 7.

Technology Agreement

GENERAL (required)

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

Pathways Student Planner: 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 agree to use the methods of electronic communication listed above.

Initial: _____ 

BRIGHTSPACE PORTFOLIO (optional)

Pathways Academy offers the use of D2L Brightspace Portfolios to capture and document student learning. If you choose to use a Brightspace Portfolio, your student will be given a unique login which will allow them to upload evidence of learning from a desktop, laptop, or mobile device. In compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA), all student data is stored securely on servers located within Canada.

I/We give permission for our child to use a Brightspace Portfolio.

Initial: _____

GOOGLE APPS & SOCIAL MEDIA (optional)

Google Docs, Google Classroom, Facebook, and Other Social Media: Pathways Academy does not promote the use of these methods 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 these methods 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.

I/We the parent(s) and/or legal guardian(s), acknowledge and accept the privacy risks inherent in using Google Apps & 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): _____

STUDENT CONTACT INFO (optional)

If you want your student's teacher(s) to communicate with your student directly using the student's email address or cell # (for texting), you must enter the details below.

If you provide your student's details below, you are giving your permission for the Pathways Academy team (teachers, administrators, and/or learning support specialists) to contact your student directly using the student's personal email and/or text for **educational purposes and school communications only**.

This section is optional. This section is most commonly used by parents of high school students.

Student Name	E-mail (optional)	Cell # (optional)	Indicate how you would like to be included/ carbon copied (cc'd) on messages.		
			Always cc parent	cc parent at school's discretion*	Do not cc parent

*deadlines, etc.

Copies of all email and text communication will be archived by the school.



PO Box 10096 RPO Hart
 Prince George, BC V2K 5Y1
 Phone: 1-888-787-3618
 Fax: 1-888-263-8611
 office@pathwaysacademy.ca

Consent for Release of Confidential Student Information

Student 1

Student 3

Legal first name: _____

Legal middle names: _____

Legal last name: _____

Birthdate (YYYY-MM-DD): _____

Releasing School: _____

Student 2

Student 4

Legal first name: _____

Legal middle names: _____

Legal last name: _____

Birthdate (YYYY-MM-DD): _____

Releasing School: _____

The student(s) named above have enrolled with Pathways Academy for the 2026-27 school year.

1. Permanent Student Record Card (Form 1704)
2. Last 2 years of Student Progress Reports
3. Copies of Inclusions (if any):
 - a. Health services information in reference to the 'Medical Alert' checkbox
 - b. Court orders in reference to the 'Legal Alert' checkbox
 - c. Support services information (psychometric assessments, etc.)
 - d. Notification of student being homeschooled
4. IEP, CMP, and/or SLP, if applicable

I certify that I am the parent/guardian of the student(s) named above, and I hereby consent to the release of the above documentation to Pathways Academy.

Parent/Legal Guardian's Name: _____
Print Name

Parent/Legal Guardian's Signature: _____
Signature _____ *YYYY-MM-DD* ←

Print the completed form to sign manually.

OR

*Click inside the signature box to create/use
 your electronic signature.*

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, Weekly Update Tool, 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: _____ 

CHECK ALL that apply:

- 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 will need a weekly reminder to maintain weekly contact.
- Our weekly contact will be affected by unique circumstances.

Please explain: _____

Your top two preferred methods of communication (e.g. email, phone, Zoom...): 1) _____ 2) _____

Pathways Academy Library

I/We understand that students may borrow resources from the Pathways Academy Library (PAL) with a refundable deposit. Materials must be in accordance with their learning plan and approved by their teacher. I/We agree to return any borrowed PAL items by the posted due date in June or upon course completion, whichever is earlier (postage paid by Pathways).

Initial: _____ 

Early Withdrawal Fee

I/We understand that if we cancel enrollment after receiving a 'Confirmation of Enrollment' email and before October 1, 2026, we will be charged for purchased resources plus a \$75 administrative fee.

Initial: _____ 

Proof of BC Residency

The Ministry of Education & Child Care requires that the family has established a regular, habitual mode of life in their BC community to qualify for Ministry funding for student education. Please include a qualifying document as proof of BC residency (e.g. recent utility bill, home ownership/rental agreement, BC vehicle registration, etc.)

I have attached a current copy with this form.

Parent/Guardian Signature

I/We have read and completed this application with the full intention to enroll our children with Pathways Academy for the 2026-27 school year.

Parent/Legal Guardian's Name: _____

Print Name

Parent/Legal Guardian's Signature: _____

Signature

YYYY-MM-DD 

Print this form to sign manually or click above
to insert your electronic signature.