**Gansiwilaaks Distributed Learning School**

**P.0.Box 239 5000 Skateen Avenue Gitlakdamix** (New Aiyansh) **BC V0J 1A0 CANADA Telephone (250) 633-2228 Fax (250) 633-2425**

**Dr. Kim Hansen Email** **khansen@nisgaa.bc.ca** **school email** **gdl@nisgaa.bc.ca**

**GDL Course Requests**

(Source of Knowledge)

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Grade \_\_\_**

**Registration with school is current: Y N**

**Program (circle): Regular Dogwood Adult Dogwood Upgrading**

**Suitability/aptitude survey Completed Y / N**

If **NO** the required learning survey can be found at.

<http://www.learnnowbc.ca/information/Is_DL_For_You/default.aspx>

**Section 1—Course(s) desired**

**Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_**

Target Start Date \_\_\_\_/\_\_\_\_/\_\_\_ Target Completion Date\_\_\_\_\_/\_\_\_\_/\_\_\_

**Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_**

Target Start Date \_\_\_\_/\_\_\_\_/\_\_\_ Target Completion Date\_\_\_\_\_/\_\_\_\_/\_\_\_

My regular School (if any) will provide texts Y / N

I will require a text Y / N (if required) Deposit may be required.

**Agreements:** (Please check each box indicating

I have discussed this course(s) with a school counselor OR a DL Advisor I have satisfied the required prerequisites for my course (if required)

**Section 2 – Student Commitment** (Please check each box indicating understanding)**:**

**I will take responsibility for my learning success by:**

 Submitting assignments as determined by the pacing agreement(s) set by the teacher(s), unless we have mutually agreed to a different schedule.

 Committing to regular contact with my teacher(s) and mentor(s) through a variety of modes (e-mail, telephone calls, mail, face-to-face, teleconferencing, v-class, discussion boards), and by submitting work.

Communicating problems and concerns to teachers and/or mentor/parents. Fulfilling requirements in the time period agreed upon.

I am not officially registered until the appropriate Registration Forms and Course Activations Assignment(s) have been submitted for each course.

If I am unable to maintain the pacing agreement, the teacher may withdraw me from the course(s).

* I am prepared to submit weekly reports/assignments (at minimum) per course.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Student Signature Student email address (Print clearly)

**Section 3 — Parent/Guardian/Mentor**

* **It is the policy of this school for students to have a designated mentor for each course. Mentors may be parents, teachers, guardians, or other individuals that commit to assist where needed to assist students complete course requirements to the best of their ability.**

(Parent/Guardian/Mentor Declaration next page)

**Parent/Guardian/Mentor Declaration**

I will support my student in his/her DL course(s) by:

* Contacting the school or Distributed Learning teacher(s) if I have any questions or concerns
* Maintaining regular contact with Distributed Learning teacher(s)
* Working with child/student to develop organizational strategies that ensure his/her success
* Working with the Distributed Learning teacher(s) to monitor student’s progress
* I understand that if student is unable to maintain the pacing agreement, they may be withdrawn from the course(s).
* **I am:**

**a teacher \_\_\_\_ a teacher assistant\_\_\_\_ relative \_\_\_\_ support worker \_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_**

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Parent/Guardian Name (unless over 19yrs) Mentor Name**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian (signature) Mentor Signature**

* **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
*

**Please email to gdl@nisgaa.bc.ca OR fax enrollment form to 1-250-633-2425**

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Admin: Enrollment completion date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Teacher assigned Y / N