

## SOUTH CENTRAL INTERIOR DISTANCE EDUCATION SCHOOL

PO Box 4700 Stn Main
Merritt, BC, Canada
V1K 1B8
www.scides.org

FLEX ED APPLICATION

PHONE: (250) 378 - 4245 TOLL FREE: 1 - 800 - 663 - 3536 FAX: (250) 378 - 1447

- ✓ Schools must complete this application and submit on behalf of the student.
- ✓ SCIDES will bill schools for all costs. *SCIDES cannot accept payment directly from parent/student*.
- ✓ Courses expire maximum 6 months after enrolment.

✓ Courses available online. Consult with SCIDES Flex Ed Coordinator prior to making course selection.

A. STUDENT INFORMATION:									
LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE NAME(S)		GENDER			
USUAL LAST NAME		USUAL FIRST NAME		BIRTH DATE mm/dd/yyyy		PEN			
Cell Home			STUDENT TELEPHONE NUMBERS		Work				
STUDENT EMAIL ADDRESS:	PARENT NAME:								
				PARENT EMAIL ADDRESS					
STUDENT MAILING ADDRESS				SCHOOL CONTACT:					
					SCHOOL CONTACT EMAIL:				
CITY	PROVINCE		POSTAL CODE						
CURRENT SCHOOL: Name/ /Phone/Fax (use school stamp if available) Authori			Authorization to inv	uthorization to invoice for tuition and requested texts.					
Nam			Name (Please Print)	Name (Please Print):					
			Title:						
Signatu			Signature:	rre:					
				,					
B. COURSE INFORMATION					C. PA	YMENT INFO	RMATION		
	Assigned Activities								
COURSES REQUESTED	Units/Assignments			Test (YES/NO) Course Fee: \$150/course					
				(YES/NO)	Refundable Text Deposit: \$50 (if texts required)				
					Total:				
					~				
					>				
Deposits will be refunded only when all textbooks are returned in good condition. Textbooks must be returned within 2 weeks of course completion or									
withdrawal from the course(s). An invoice for the full replacement value will be issued for any textbooks not returned, minus any deposit on file.									