HIGH SCHOOL COUNSELLOR APPROVAL FORM & COURSE REGISTRATION
FALL 2025 - 2026

MUST be signed by the Counsellor at your current High School

Return this form with all signatures via email to qeceregistrations@surreyschools.ca or bring it to the QECE Office.
Please include a piece of photo ID with the form when you submit it.

STUDENT INFORMATION

Please print clearly!

High School: _____

Student Name (Legal): _____

Phone #: _____

Date of Birth: _____

Email: _____

I turned 16 on or before June 30, 2025

(I was born before June 30, 2009)

If the 16th birthday is on or after July 1st, you cannot register until next September. This date is given to us by the **Ministry of Education**.
We cannot change it!

_____
STUDENT SIGNATURE

A $10 Student Resource Fee is required to register.

PARENT INFORMATION

☐ **I certify that the ID, residency information and phone number that is on file at my child's High School is current and accurate.**

Parent Phone #: _____ Parent Email: _____

Parent Name: _____ Parent Signature: _____

COUNSELLOR RECOMMENDATION – to be completed by the High School Counsellor

This student turned 16 on or prior to June 30, 2025!

Student PEN: _____

Course Requested: _____

Day & Time of Course: _____

This student is NOT currently enrolled in this course at any other school.
(Counsellor's initial required) _____

I certify that this student has the prerequisite knowledge and skills needed to be successful in this course. They also have the maturity to be a positive and productive member of your school. **I also certify that the course selected here fits the student's learning plan.**

_____
COUNSELLOR SIGNATURE

_____
COUNSELLOR NAME

_____
DATE

April 8, 2025