



HIGH SCHOOL COUNSELLOR APPROVAL FORM

FALL 2024 - 2025

MUST be signed by the Counsellor at your current High School

Return this form with all signatures to Queen Elizabeth Continuing Ed Office or to geceregistrations@surreyschools.ca.

STUDENT INFORMATION	
High School: _____ Student Name (Legal): _____ Phone #: _____ Date of Birth: _____ Email: _____	<p style="color: red; font-size: 1.2em;">My birthday is before July 1, 2008</p> <hr style="border: 0.5px solid black;"/> <p style="background-color: yellow; display: inline-block; padding: 2px;">STUDENT SIGNATURE</p> <p style="margin-top: 10px;">A \$10 Student Resource Fee is required to register.</p>

PARENT INFORMATION
<input type="checkbox"/> 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	
Student PEN: _____ Course Requested: _____ Day & Time of Course: _____ <p>This student is NOT currently enrolled in this course at any other school. (Counsellor's initial required) _____</p>	<p>I certify that this student has the prerequisite knowledge and skills needed to be successful in this course and the maturity to be a positive and productive member of your school.</p> <p>I also certify that the course selected here fits the student's learning plan.</p> <hr style="border: 0.5px solid black;"/> <p style="background-color: yellow; display: inline-block; padding: 2px;">COUNSELLOR SIGNATURE</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">COUNSELLOR NAME</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">DATE</p>