



HIGH SCHOOL COUNSELLOR APPROVAL FORM & COURSE REGISTRATION **FALL 2026 - 2027**

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	
<p>Please print clearly!</p> <p>High School: _____</p> <p>Student Name (Legal): _____</p> <p>Phone #: _____</p> <p>Date of Birth: _____</p> <p>Email: _____</p>	<p>I turned 16 on or before June 30, 2026</p> <p>(I was born before June 30, 2010)</p> <p>If the 16th birthday is on or after July 1st, you cannot register until next September 2027. This date is given to us by the Ministry of Education. We cannot change it!</p> <p>_____</p> <p style="text-align: center; color: yellow;">STUDENT SIGNATURE</p> <p>A \$10 Student Resource Fee is required to register.</p>

PARENT INFORMATION
<p><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.</p> <p>Parent Phone #: _____ Parent Email: _____</p> <p>Parent Name: _____ Parent Signature: _____</p>

COUNSELLOR RECOMMENDATION – to be completed by the High School Counsellor	
<p>This student turned 16 on or prior to June 30, 2026!</p> <p>Student PEN: _____</p> <p>Course Requested: _____</p> <p>Day & Time of Course: _____</p> <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. 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.</p> <p>_____</p> <p style="text-align: center; color: yellow;">COUNSELLOR SIGNATURE</p> <p>_____</p> <p style="text-align: center;">COUNSELLOR NAME</p> <p>_____</p> <p style="text-align: center;">DATE</p>