



St. John's Academy
395 West Broadway, Vancouver BC, V5Y 1A7
Tel: 604-683-4572 Fax: 604-683-4679
www.stjohnsacademy.ca

Online Course Request Form (Distributed Learning)

Last Name: _____ First Name: _____
PEN: _____ Phone #: _____
Email: _____

DISTRIBUTED LEARNING INSTITUTION INFORMATION

Name of Institution: _____

Contact Details

Principal's Name: _____
Administrator's Name: _____
Contact Phone Number: _____
Email Address: _____
Start Date: _____ Expected Completion Date: _____

Student requests to enroll in the following courses at the above-mentioned learning institution:

1. _____
2. _____

Reasons for Request:

- There is a time conflict during the current term at St. John's Academy that does not allow the student to take the course on site.
- The class is not offered at St. John's Academy.
- A conversation between the principal at St. John's Academy and the online institution has taken place, ensuring that the subject's *Prescribed Learning Outcomes* are met.
- If the approval is conditional, the below listed conditions are proven to be met.

Conditions: _____

IMPORTANT NOTES:

- *Language Arts courses must be done in-school. Courses completed elsewhere without approval may not be uploaded to the ministry.*
- *Students must ensure the DL school contacts SJIS at office@stjohnsis.com to confirm enrollment.*
- *Students are responsible for bringing DL report cards to St. John's Academy.*

Student's Signature: _____ Date: _____

Approved by
Principal's Signature: _____ Date: _____

Office Use Only

Instructions: Make a photocopy and give it to the student. Keep the original in the student's file.

Revised December 2020