

Greater Victoria School District CONTINUING EDUCATION PROGRAM

2017/2018 INDIVIDUAL EDUCATION PLAN TO BE COMPLETED BY STUDENTS WHO HAVE ALREADY GRADUATED

☐ Yes, I have graduated.☐ IED	Date of Graduation
	PHONE:
STUDENT NAME:	PHONE:
DATE:	STUDENT SIGNATURE:
REASON	NS FOR TAKING COURSE(S)
☐ Prerequisite for college	
\square Prerequisite for university	
\square Prerequisite for a specific job)
☐ Prerequisite for	
Other	
Indicate course(s) to be regis	stered in:
ADVISOR/COUNSELLOR	NOTES:

The personal information collected on this form is required for the operation of the SJ Willis Education Centre of School District No. 61. It is subject to the Freedom of Information and Protection of Privacy Act and will be kept secure and confidential according to this Act.