Britannia Secondary School Pre-IB Program



PLEASE PRINT CAREFULLY AND COMPLETE THIS APPLICATION IN FULL.

Student's Name:				
(family nam	ne)	(legal first nai	me)	(called name)
Birthdate:		Gender:	Male□	Female□
Address:	Apt/Unit: _	City: _		Postal:
Home Telephone:	Alternat	e#:		Cell#:
Student's Email: (IMPORTANT : OFFERS WILL E	BE SENT BY EMAIL)	Parent's Er	mail:	ORTANT : OFFERS WILL BE SENT BY EMAIL)
Parents'/Guardians' Names: (mother)			(father)	
Current Secondary School and Progra	ım:			
MyEd#:	PEN#:			
(if currently attending a BC public scho	ool)			
(1) For what purpose(s) do you use	the Internet?			
I read: □Magazines □Novels (2) What have you read lately that ir				

(3) The greatest challenge that I have faced in grade	8 was:
(4) I worked or am working to meet this challenge by	:
(5) Two things I do well are:	
(6) Two things I would like to do better are:	
(7) Why do you want to be part of the Venture 9 Prog	ıram?
Application Due Date is Weding This application must be accompanied	
Support of Parent(s) / Guardian(s): We/I have fully discussed this application to the Ventur participation. We understand that participation in the V classroom that are an essential part of the Venture F activities on a cost-recovery basis.	enture Program may involve activities outside the
(Signature of Parent/Guardian)	(Signature of Student)

Please deliver to Britannia Secondary School or Fax to 604-713-8265 Questions? Contact Ms Leary, Venture Coordinator, at 604-713-8266 or by email at ibventure@vsb.bc.ca