Black Gold Virtual School Registration Form

Date:		Have you ever been registered in a Black Gold School?	Yes O	No O

STUDENT INFORMATION

Last Name:	First Name:	Middle Name:	

Is this your legal name? Yes O No O	If not, what is your legal name?		Grade:	Birthdate (M/D/Y)	Age:

Do you have any medical conditions? Yes O No O	If yes, please list medical conditions:	What is your current School Division?

What course(s) are you registering for?	

Student School Email Address:	Current School Name:

SCHOOL LIAISON INFORMATION

School Liaison Name:	Email address:	Phone Number:

PARENT/GUARDIAN INFORMATION

Mother First/Last Name:	Email Address:	Home Phone:	Cell Phone:	Lives with O
Father's Name:First/Last	Email Address:	Home Phone:	Cell Phone:	Lives with O

STUDENT ADDRESS

Please fill in Mailing Address only if it is different from the Legal/Physical Address

Legal Street Address/Rural Address:		Mailing Address:	
City:	Postal Code	City:	Postal Code

EMERGENCY CONTACT INFORMATION

Last Name:	First Name:	Home Phone:	Cell Phone:

Please email completed Registration Forms to: erin.tisdale@blackgold.ca

Black Gold Virtual School

Courses offered in 2025-2026

Semester 1		
Block and times	**Course**	**School**
2 10:09 – 11:24	Math 30-1	CSCS
2 10:09 – 11:24	Math 30-2	TJHS
Semester 2		
Block and times	**Course**	**School**
3 12:20 – 1:37	Science 30	NSCHS
4 1:51 – 3:05	Math 31	TJSHS