



SCHOOL INFORMATION FORM

TO BE COMPLETED BY **ALL SCHOOLS OFFERING THE**
Français langue **seconde-immersion**¹²
Provincial Examination Oral Component

District Name and #: _____

School Name: _____

Principal's Name: _____

Please provide the following information about the administration of the Oral Component Interviews:

Teacher's Name and Email Address	Interview Date(s)	Number of Students

IMPORTANT NOTE: School districts are no longer required to request specific funds to support various activities related to Grade 10, 11 and 12 provincial examinations. The Ministry has provided funding for such activities directly to districts. Please contact your district for more information.

Please return this form **no later than two weeks prior to the START of the EXAM ADMINISTRATION PERIOD** by email or fax to:

Laura Hawkes
Learning Division

EMAIL: Laura.Hawkes@gov.bc.ca

FAX # (250) 356-8334