



2017-2018

Fax: 403-265-0814
E-mail: vvsupport@phrd.ab.ca
Website: vvschool.ca

Mail: Vista Virtual School
Box 4000
Barrhead, Alberta
T7N 1P4

NEED HELP? Call Toll-free: 1-855-974-5333 Extension 5317

For Office Use Only
File Number
Date Input By
Receipt No. Page of
Authorized by

P
L
E
A
S
E
P
R
I
N
T
C
L
E
A
R
L
Y

ASN (Alberta School Number)
VVS File Number (If Previously Enrolled)
Sex (M/F)
Date of Birth (Birth Certificate Required for first time registrants)
Current Grade (Report Card or Unofficial Transcript required)
Legal Name (Name on Birth Certificate)
Also Known As (Name you would like to be called by, or married name)
Alberta Address
Shipping Address (if different from above)
Legal Land Description
Learning Needs
Student resides with
Students 18 or older are not required to provide Parent/Legal Guardian information.
Parent/Legal Guardian Information
Custody: In some instances, a child may be impacted by a Court Order under the Child Welfare Act, the Domestic Relations Act, The Divorce Act, the Young Offenders Act.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act, Sect 32 (a) (c), Sect 36, 33 (1) (j) and in accordance with the Policies and Regulations of the Alberta Distance Learning Centre. For further information you may call the FOIP Coordinator at Pembina Hills Regional Division No.7, 5310-49 Street, Barrhead, AB T7N 1P3, Phone: 780-674-8500.

### Aboriginal Self-Identification

If you wish to declare the student is Aboriginal, please select one:

- First Nation (status)     First Nation (non-status)     Métis     Inuit     Not Applicable

For further information, please refer to: [education.alberta.ca/system-supports/results-reporting](http://education.alberta.ca/system-supports/results-reporting) or contact Alberta Education at 780.427.8501.

If you have questions regarding the collection of student information by the school board, please contact the Superintendent of Schools at 780.674.8500.

### Francophone Education Eligibility Declaration

Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms

Citizens of Canada

- whose first language learned and still understood is French, or
- who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French, or
- of whom any child has received or is receiving primary or secondary school instruction in Canada in French, have the right to have all their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

A. According to the criteria above, are you eligible to have your child receive a French first language (Francophone) program offered by a Francophone Regional authority.

- Yes     No     Do not know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

- Yes     No

If you claim an entitlement to a Francophone education under these terms, Vista Virtual may be required to release personal information provided on this form to the local Francophone Education Board upon written request of that jurisdiction.

### Independent Student Status

The *School Act* defines an independent student as someone who is: (i) 18 years of age or older, or (ii) 16 years of age or older, and (a) who is living independently, or (b) is a party to an agreement under 57.2 of the Child, Youth, and Family Enhancement Act.

Are you claiming status as an "Independent Student" under the definition of the School Act?

- Yes     No

### English as a Second Language Eligibility

A student may be eligible for English Language Learner (ELL) supports (e.g., extra time on exams) when the primary language spoken at home is a language other than English **and** a current school year assessment demonstrates insufficient fluency in English.

According to these criteria, do you believe your child qualifies for ESL?     Yes     No

If yes, please specify the primary language spoken at home? \_\_\_\_\_

**SPECIAL NEEDS INFORMATION**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does your child have any physical, intellectual, behavioural, or emotional needs that would impact our ability to provide an appropriate educational program?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this student been provided with an Individual Program Plan (IPP/IEP)?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this student been diagnosed as learning disabled or gifted? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this student recently been in a special educational program? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this student ever received any of the following:   |                          |                          |
| a. Extra time for exams? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Quiet place to write exams?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Reader? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Scribe?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Resource room help? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Speech language services?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Testing from an educational specialist/psychologist? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does this student have a serious hearing problem?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does this student have a serious vision problem? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has this student ever been retained in a grade? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this student's age match his or her grade level? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **yes** to any of questions **above**, please provide details below.

---



---

Describe **any other factors** (disabilities, illnesses, location, family concern, etc.) that may affect the student's progress in his or her studies.

---



---

**Please attach documentation (e.g. previous school IPP, Psychoeducational Assessment, medical documents).**

**ADDITIONAL INFORMATION**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Will this student be enrolled in any other school or home education program during the current school year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If 'Yes', please indicate the school and courses this student is currently enrolled in:  |                          |                          |
| a. School: _____  |                          |                          |
| a. Courses: _____   |                          |                          |
| 3. Will this student reside in Alberta on September 30 of this current school year?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will this student be out of Alberta during this school year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, location: _____ Communicate by: _____ Phone: _____  |                          |                          |
| 5. Is one parent or guardian home during the school day to help? (Required for Grades 1 to 9).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you able to attend regional Student Parent Teacher meetings?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you prepared to pay for borrowed unreturned school resources and the shipping charges to one of our local campuses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is this student willing to do school work for a minimum of 30 hours per week? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will this student submit the first assignment(s) in each course within two weeks of receiving course material?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In which VVS/ADLC office will this student write Final Exams?   |                          |                          |
| <input type="checkbox"/> Barrhead <input type="checkbox"/> Edmonton <input type="checkbox"/> Calgary <input type="checkbox"/> Lethbridge <input type="checkbox"/> Other ..... |                          |                          |

I hereby certify that the information provided is true and correct.

\_\_\_\_\_  
Parent/Legal Guardian or Independent Student Signature Name

\_\_\_\_\_  
Date



## Collection of Personal Information Notice

The [FOIP Act](#) (Freedom of Information and Protection of Privacy) sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody or under their control.

The FOIP Act requires that school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g. program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies). Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his administration (e.g. research, statistical analysis).

Once the information is collected and compiled, Pembina Hills Regional Division No. 7 believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the taking of individual, class, team or club photos for school purposes.
- the use of student information, including photos, for the issuance of bus transportation passes and for other identification purposes.
- the use of students' names in honour rolls, work ethic (listings), graduation ceremonies, scholarship or other awards within the school or school division.
- the use of students' names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf.
- the use of students' names, related contact information and telephone numbers for absenteeism verification.
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not interviewed or identified by name or face. Where individual students are identified or interviewed and the material will be used outside the school, your consent is required. Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school.
- the taking of photos/videos of classroom or other school activities by the school board where the material will be used within the school. Where individual students are identified or interviewed and the material will be used outside the school, your consent is required.
- the use of students' names on artwork or other creative work or material of students displayed at school or school board locations or at a school board sponsored display in the community, provided Form 3-48 is properly completed. [Note that this relates to the Copyright Act (Canada), not the FOIP Act]

**If you have any questions or concerns regarding the collection and the intended purposes, please contact your school principal or the FOIP Coordinator at 780-674-8500.**

Please complete the **Student Information – General Consent Form** on Page 2. >>>



### Student Information – General Consent

As indicated in the "Collection of Personal Information Notice" (see Page 1), Pembina Hills Regional Division No. 7 does not require your consent to record or tape your child, reproduce your child's work, or to display your child's work provided this material is used in the school or at a school board location. The Division also does not require your consent to use your child's name, photograph or comments about your child in a school calendar or internal newsletter. However, we do require your consent to display this information when the school calendar or newsletter is posted on the school or division website.

Many school events, which are open to the public, are not subject to some of the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, academic focused activities and athletics. The general public, parents and the media may be in attendance and are allowed to take photographs, videos and conduct interviews, without first obtaining consent. The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

There may be times when television, radio, newspaper, community organizations and the staff of the school division are in schools providing outside coverage of events and programs not included in the public events category described above, in which consent is required. We also require your consent if your child's work or your child's personal information will be used or displayed in the community away from the school or school board location (ie. school website or division website). Please indicate your consent below.

Student Name: \_\_\_\_\_ A.S.N. \_\_\_\_\_

**As parent / guardian of the above named student, I give consent to the:**

- 1.  Yes  No Taking of photos and videos of my child at non-public events (ie. classroom activities, field trips), and the display of my child's creative work (art, story, poem):  
By the school or division for use on the school or division website, social media sites, and newsletters.  
By the media for use outside the school community.
- 2.  Yes  No Disclosure of my child's full name (first and last name) along with his/her creative work, photos and videos in the above mentioned uses.

**If you have any specific concerns regarding the disclosure of your child's personal information, please contact your school office. For more information you may contact your school Principal or the Pembina Hills FOIP Coordinator at 780-674-8500.**

**If you wish to make changes to this consent form, you may do so at any time by contacting your school office.**

Parent/Legal Guardian or Independent Student Signature Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

(If 18 years of age or older)

Date: \_\_\_\_\_

**As required, the school will contact parents for additional permissions using the forms below:**

[Form 3-47 – Student Information – Specific Consent](#)

[Form 3-48 – Student Creative Work – Copyright Release](#)

[Form 3-49 – Student Participation in Web-Based Communication – Consent](#)

Refer to [Exhibit – Student Permission Forms Flowchart](#) to determine the form(s) that are required.

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33 (c).  
This information will be used to identify practices or conditions which may affect the safety and care of individuals.

# Release of Student Records Form

For Office Use Only	
File Number _____	Page _____ of _____

## STUDENT INFORMATION

Alberta Student Number: \_\_\_\_\_

Student name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
day month year

Grade and/or Class: \_\_\_\_\_

Print the school name and address last attended below:

_____		_____
School Name		Phone
_____		_____
Address		Fax
_____		
Town/City	Province	Postal Code
_____		_____
Parent/Legal Guardian or Independent Student's Signature		Date

---

## For Previous School Use Only

### To Whom It May Concern:

Please forward the Student Record to us as soon as possible, both confidential and general, as well as any other data you feel may be helpful in understanding the student concerned.

Should student records not be available, kindly notify our office as to where records can be obtained. If you have any questions, please contact Student Records Department, Vista Virtual School at 1-855-974-5333 Extension 5352. Thank you for your assistance.

Yours truly,

Vista Virtual School  
Mike Loitz, Principal

Please send student records to:

**Vista Virtual School  
Box 4000  
Barrhead AB T7N 1P4**

## Student Contract/School Policies

For Office Use Only	
File Number _____	Page _____ of _____

### Truancy Policy

Under the *Alberta School Act*, all students under the age of 16 years are required to attend school. Vista Virtual School students must submit assignments to complete all courses successfully within the school term. If the quantity and quality of assignments submitted by a student do not meet minimum standards, the student may be referred to the Attendance Review Board of Alberta. For further detail, see Truancy Policy at [www.vvschool.ca](http://www.vvschool.ca). By signing, I agree that I have read the Truancy Policy and I am aware that if this student does not submit his or her assignments regularly, this student will be considered truant. I understand that as a result this student will be reported to the Attendance Review Board and/or this student may not be permitted to continue with the Vista Virtual School Program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian/Independent Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Computer Network Agreement

Vista Virtual School makes no warranties of any kind, whether expressed or implied, for Internet service. Vista Virtual School is not responsible for any damages a user may suffer.

Parents/Legal Guardians must specifically authorize student's individual accounts. The Internet may include materials that are not in accord with your family values or that are inaccurate. **Supervision is the sole responsibility of the parent or legal guardian for home access.** A parent or legal guardian and the student must both sign this form to establish a connection with Vista Virtual School.

All terms and conditions as stated in this document are applicable to all users of the network. These provisions reflect an agreement of the parties and shall be governed and interpreted in accordance with the laws of the Province of Alberta and Canada.

#### Student

I understand and will abide by the Vista Virtual School Computer Network Agreement as presented on the Vista Virtual School website.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent/Legal Guardian

As parent or legal guardian of the student signing above, I grant permission for this student to access networked computer services such as electronic mail and the Internet. I have read the Student Code of Conduct and Vista Virtual School Computer Network agreement, and I understand the standards and responsibilities it entails. I will instruct this student regarding any restrictions and emphasize the importance of following rules for personal safety. I will be solely responsible for supervision during home access.

Parent/Legal Guardian or Independent Student Name: \_\_\_\_\_

Parent/Legal Guardian or Independent Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parental Permission Form for Health and Personal Life Skills 7, 8, and 9/CALM — Human Sexuality

- I do give permission for this student to study Health and Personal Life Skills/CALM – Human Sexuality.
- I do NOT give permission for this student to study Health and Personal Life Skills/CALM – Human Sexuality.

Parent/Legal Guardian or Independent Student Name: \_\_\_\_\_

Parent/Legal Guardian or Independent Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I accept all conditions that appear in the *Vista Virtual School Website*. To the best of my knowledge, my statements are correct. I agree to allow Vista Virtual School staff to disclose information on my progress to the agencies responsible for supervision of my program, if any.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For students under 18 years of age, a parent or guardian's signature is required.

Please print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian or Independent Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Course Information - To be completed by the Vista Virtual Academic Counsellor during the interview.

For Office Use Only	
File Number _____	Page _____ of _____

<b>Program/Course Information</b> <input type="checkbox"/> Regular Program <input type="checkbox"/> French Immersion <input type="checkbox"/> Blended Home Schooling									
<b>Delivery Resources</b>		Code	Course	Credits	<b>Semester</b>				
Print	Online				Elem./Jr. High Sept. to June	Sr. High			School Year
						Semester 1	Semester 2		
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Note:</b> All materials supplied are the property of Vista Virtual School. Within 30 days of completing a course, return all materials to Vista Virtual School in reusable condition to avoid being invoiced. Reusable condition is determined at the discretion of Vista Virtual School. <b>High school students are asked to please contact Vista Virtual School in January to arrange for second semester courses.</b>									
<b>Optional Resources and Fees</b> In some courses, you may select additional items to assist you in your course. E.g. Scientific Calculator, Course Key, Dictionary. Please read the information carefully in the subject areas. Please indicate your selections. <b>(If none of your courses asks you to make selections, you do not need to use this form.)</b> GST is included in the prices of all items to which GST applies. GST#13974 3439 RT0001									
Subject		Items Selected					Fee		
_____		_____					_____		
_____		_____					_____		
<b>Second Semester Courses and/or future courses planned:</b>									
<b>Delivery Resources</b>		Code	Course	Credits	Sr. High				
Print	Online				Feb - June				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
<b>Academic Counsellor Notes</b> _____ _____ _____ _____									
If you are ordering Optional Resources complete payment information.									
<b>Check one of the following. Make your money order or cheque payable to Vista Virtual School.</b> <input type="checkbox"/> Money Order or Certified Cheque <input type="checkbox"/> Personal Cheque <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa						Optional Resource Fee _____ <b>Total Amount</b> _____			
Credit Card Number _____				CVV # _____		Expiry Date _____			
Name as shown on the credit card (please print) _____						Postal Code Associated with Credit Card: _____			
Signature _____									



**Check List - To be completed/verified**  
by the Vista Virtual Academic Counsellor.

For Office Use Only	
File Number _____	Page ____ of ____

**You may photocopy the registration form for use to enrol several students.**

- Registration Form:
  - Alberta Student Number (Grades 1 - 12)
  - Day, month, and year of birth (Birth certificate required for first-time registrants)
  - Full legal name (including maiden or previous surname if applicable)
  - Address (Alberta, shipping if different, legal land description, proof of address if renting)
  - Contact information
  - Special conditions (attach documentation)
  - Citizenship Declaration (attach a copy of Birth Certificate, P.R., Passport, etc.)
  - Living arrangements and parental contact information
  - Aboriginal Ancestry Information (if applicable)
  - Francophone Education Declaration (if applicable)
  - Parent/Legal Guardian Information (Students who are 16 years of age or older and who are living independently do not require parental signature)
  - English as a Second Language Declaration (if applicable)
- Complete Additional Information Form (include documentation - medical, special needs request, other)
- Complete and sign the Student Information - General Consent Form
- Complete and sign the Release of Student Records Form (for new students)
- Read and sign the Student Contract/School Policies
- Include legal proof of student's identity (Birth certificate or Adoption certificate and/or Permanent Landed Immigrant or Residence certificate)
- Include a copy of the student's most recent report card and if possible an Alberta Student Driver's Licence/AB ID Card or statement of course and marks.
- Enclose payment or Visa or Mastercard credit card information. In-person registrants may use cash or cheque.
- Provide or take a current picture/photo of the student for a VVS ID card.

For assistance, please contact Vista Virtual School via e-mail [vvsupport@phrd.ab.ca](mailto:vvsupport@phrd.ab.ca) or phone 1-855-974-5333 Extension 5317.