



Re-Registration Vista Virtual School 2017-2018

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Box 4000
Barrhead, Alberta
T7N 1P4

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

For Office Use Only	
File Number _____	
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Authorized by _____	

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ASN (Alberta School Number) _____		VVS File Number (If Previously Enrolled) _____		Sex (M/F) _____		Date of Birth (Birth Certificate Required for first time registrants) (eg. 1993/JUL/21) Year _____ Month _____ Day _____		Current Grade (Report Card or Unofficial Transcript required)	
Legal Name (Name on Birth Certificate) Surname _____ First Name _____ Middle Name _____									
Also Known As (Name you would like to be called by, or married name) Surname _____ First Name _____									
Alberta Address Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province Alberta Postal Code _____ Country Canada					Student's Contact Information Home Phone _____ Work Phone _____ Cell Phone _____ Best Contact Time _____ E-mail Address _____ Reach Student at <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work				
Shipping Address (if different from above) Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____					Student Skype Address: Citizenship Birth Certificate Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check one of the following: <input type="checkbox"/> Permanent Resident/Landed Immigrant ____ Expiry <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/> Child of an Individual lawfully admitted to Canada for permanent or temporary residence <input type="checkbox"/> Other: _____				
Learning Needs (eg. Learning disability, ADHD, IPP, ESL, anxiety, medical condition) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Student resides with <input type="checkbox"/> Mother and Father <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Lives Independently <input type="checkbox"/> Other (please specify) _____ Students 18 or older are not required to provide Parent/Legal Guardian information.									
Parent/Legal Guardian Information Father or Legal Guardian: _____ Address <input type="checkbox"/> Same as student _____ E-mail _____ Phone: Home _____ Work _____ Cell _____					Mother or Legal Guardian: _____ Address <input type="checkbox"/> Same as student _____ E-mail _____ Phone: Home _____ Work _____ Cell _____				
Name of Parent or Legal Guardian who will be supervising student: _____ First Name _____ Last Name _____ Phone: Home _____ Work _____ Alternate _____ E-mail _____ Parent Skype Address _____									
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. Please indicate if the school administration should be aware of any such court order that pertains to your child. <input type="checkbox"/> Yes <input type="checkbox"/> No If there is a Court Order regarding custody and access to your child, please provide a copy of the order so the school can comply.									

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 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.

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. 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.

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Program/Course Information

Regular Program
 French Immersion
 Blended Home Schooling

Delivery Resources		Code	Course	Credits	Elem./Jr. High Sept. to June	Semester		
Print	Online					Sr. High Semester 1	Semester 2	School Year
<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"/>

Note: 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. **High school students are asked to please contact Vista Virtual School in January to arrange for second semester courses.**

Optional Resources and Fees

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. **(If none of your courses asks you to make selections, you do not need to use this form.)** GST is included in the prices of all items to which GST applies. GST#13974 3439 RT0001

Subject	Items Selected	Fee
_____	_____	_____
_____	_____	_____

Second Semester Courses and/or future courses planned:

Delivery Resources		Code	Course	Credits	Sr. High Feb - June
Print	Online				
<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"/>

Academic Counsellor Notes

If you are ordering Optional Resources complete payment information.

<p>Check one of the following. Make your money order or cheque payable to Vista Virtual School.</p> <p> <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 </p>	<p>Optional Resource Fee _____</p> <p>Total Amount _____</p>
---	---

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.

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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 or phone 1-855-974-5333 Extension 5317.