

For Office Use Only		
Date _____	Input by _____	
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To use this form, the following criteria must apply:

- Student must be 19 years of age or younger on September 1 of current school year.
- Parent signature is required for student under 18 years of age.
- Student must be in Grade 10, 11, or 12.
- Student must not be registered in the same course at any other Alberta school or jurisdiction.
- Student must be an Alberta resident and Canadian Citizen or Landed Immigrant. (A photocopy of documentation must be provided.)
- The course delivery method is online only.

Application may be faxed to Vista Virtual School
 Fax: 403-265-0814
 E-mail: vvsupport@phrd.ab.ca
 * Need HELP? Toll-free 1-855-974-5333 ext. 5317

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ASN (Alberta School Number) _____		Gender (M/F) _____	Date of Birth (Birth Certificate Required) (eg. 1998-Jun-23) Year _____ Month _____ Day _____	Current Age _____
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 Line 1 _____ Apt _____ Line 2 _____ City/Town _____ Province Alberta Postal Code _____ Country Canada		Student's Contact Information Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____ Student's Skype address: _____ Reach Student at <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work		
Shipping Address (If different from above) Line 1 _____ Apt _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____		Parent's Contact Information (We will be in contact with student progress reports.) Parent Name _____ Phone _____ E-mail Address _____ Best Method: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail		
Name of School VISTA VIRTUAL SCHOOL	School Code 2317	Current Grade (select one) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Proof of Citizenship (Documentation Compulsory) Is the student a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check one of the following: <input type="checkbox"/> Permanent Resident/Landed Immigrant <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 If Yes, submit pertinent documentation.		

Applicant Agreement: (For students under 18 years of age, a parent or legal guardian's signature is required.) I accept all conditions that appear on the school's website, vvschool.ca.

Signature Applicant or Parent / Legal Guardian (please print)

NOTE: Grade 9 students registering in High School courses will not be processed until July 1st of the current year they are going into grade 10; a grade 9 final report card must accompany the application form to confirm prerequisites have been accomplished.

Course code _____ Credits _____	Resources: Remember to list materials to avoid delay in processing your registration. NOTE: OPTIONAL Resources are not available for sale. They can be purchased at Amazon, Chapters, or from your local book store. E.g. The Key
Subject _____	
Prerequisite _____	
Final Mark _____ Year _____	
The course delivery method is online only.	
Total _____	

If more courses are required, please complete an additional **Course Information Form**. **Grand Total** _____

All required materials for your course(s) have a caution fee that is 100% refundable when materials are returned to Vista Virtual School within 90 days of the course(s) being finalized. All returned materials must be in reusable condition in order to receive a refund.

Payment: Once you have received the course login e-mail, follow the directions by logging into your Student Information account to pay for any outstanding balance for any materials ordered. Please be advised that materials are not shipped until they are paid for in full. Payment must be made within 48 hours of receipt of the course registration e-mail or your course will be withdrawn and you will need to start the registration process again. Fees can be paid by credit card online, or with cash or debit in person at one of our campus locations.

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

Treaty status first nations students attending reservation schools should contact their band office.

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? _____

Parental Permission Form for Health and Personal Life Skills 7, 8, & 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: _____

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. Are you turning 20 years old this school year? (Courses must be completed by Aug 15 of the current school year.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you able to access a VVS/ADLC campus in Edmonton, Calgary, Lethbridge, or Barrhead during the regular school day for face-to-face assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you willing to contact your teacher within 10 days of registering in your course and to submit your first assignment within 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will this student be out of Alberta during this school year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, location: _____ Communicate by: _____ Phone: _____ | | |
| 6. Students in the communities listed below are expected to make an appointment and write their exams at VVS/ADLC campuses. Which VVS/ADLC campus will be used to write Final Exams?
<input type="checkbox"/> Barrhead <input type="checkbox"/> Edmonton <input type="checkbox"/> Calgary <input type="checkbox"/> Lethbridge <input type="checkbox"/> Other _____ | | |
| 7. Students located outside the communities of Barrhead, Edmonton, Calgary, and Lethbridge, or students with extenuating circumstances, may be approved to write in an alternate location. Please indicate your requested location and contact VVS Administration and Counselling to discuss this location. _____ | | |
| 8. Provide the date by which you plan to finish your course(s)? _____ | | |
| 9. What time of day do you plan to work on your course(s)? _____ | | |

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

Parent/Legal Guardian Signature / Student (18 or over)	Date
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Acknowledgement for 20-year-old students

This **Acknowledgement** applies to you if:

- you are currently 20-years-old, or
 - you will be 20-years-old as of September 1, 2018
-
1. Any course(s) in which you are currently registered with Vista Virtual School, regardless of the start date, must be completed by August 15, 2018.
 2. Any course(s) not completed by August 15, 2018 will be withdrawn on that date.
 3. If you want to continue in any August 2018 incomplete/withdrawn course(s), you will need to reregister with Vista Virtual School prior to December 31, 2018. The adult non-refundable tuition rate per credit will be charged.
 4. The adult non-refundable tuition rate per credit will be applied for any course registrations requested after June 30, 2018.

Student Name (Printed)

Student Signature

Date

Release of Student Records Form

STUDENT INFORMATION

Student name: _____

Last
First
Middle

Alberta Student Number: _____

Date of Birth: _____

day
month
year

Grade and/or Class: _____

Print the school name and address last attended below:

School Name

Address

Town/City

Province

Postal Code

Phone

Parent or Legal Guardian's Signature

Date

For Previous School Use Only

To Whom It May Concern:

Please forward to us as soon as possible all information, 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 Vista Virtual School at 1-855-974-5333, extension 5317. Thank you for your assistance.

Yours truly,

Vista Virtual School

Please send student records to

Vista Virtual School
Box 4000
Barrhead AB T7N 1P4

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Additional Courses

Remember to list resource materials to avoid delay in processing your registration.

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Course code _____ Credits _____ Subject _____ Prerequisite _____ Final Mark _____ Year _____ The course delivery method is online only.	Resources _____ _____ _____ _____ _____ _____ _____ Total _____
Course code _____ Credits _____ Subject _____ Prerequisite _____ Final Mark _____ Year _____ The course delivery method is online only.	Resources _____ _____ _____ _____ _____ _____ _____ Total _____
Course code _____ Credits _____ Subject _____ Prerequisite _____ Final Mark _____ Year _____ The course delivery method is online only.	Resources _____ _____ _____ _____ _____ _____ _____ Total _____
Course code _____ Credits _____ Subject _____ Prerequisite _____ Final Mark _____ Year _____ The course delivery method is online only.	Resources _____ _____ _____ _____ _____ _____ _____ Total _____
Course code _____ Credits _____ Subject _____ Prerequisite _____ Final Mark _____ Year _____ The course delivery method is online only.	Resources _____ _____ _____ _____ _____ _____ _____ Total _____
Grand Total _____	

Vista Virtual - Part-Time Program