



VISTA VIRTUAL SCHOOL

Adult Application

This form may be used by students who are 20 years of age or older as of September 1 of the current school year. Students living outside of Alberta may use this form also.

Fax to Vista Virtual 1-403-265-0814 or scan and email: vvsupport@phrd.ab.ca
Need HELP? Toll-free 1-855-974-5333

For Office Use Only	
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ASN (Alberta Student Number) _____	Student ID (If previously enrolled) _____	Sex (M/F) _____	Date of Birth (Certificate Required for First-Time Registrants) (eg. 21/JUL/1993) Day _____ Month _____ Year _____	Last Grade Completed _____
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Legal Name (Name on Birth Certificate) Surname _____	First Name _____	Middle Name _____
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Also Known As (Name you would like to be called by, or married name) Surname _____	First Name _____
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Address Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____	Contact Information Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____ Reach Student at <input type="checkbox"/> Home <input type="checkbox"/> Work
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Shipping Address (If different from above) Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____	Special Condition (eg. learning disability, ADHD) <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Special Exam Accommodations <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation Additional comments: To help us serve you better: _____ _____
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Student Agreement: I understand that Registration fees will only be refunded if enrolment is withdrawn within 45 days of enrolment date. Material returned is subject to the Refund Policy. I agree to allow VV staff to disclose information on my progress to the agencies responsible for the supervision of my program, if any. I understand VV recommends completing placement exercises if I completed the prerequisite subject more than two years ago. If a student's work in early assignments indicates an inability to handle the subject matter, the student may be asked to pursue the subject at a lower level.

Signature

Applicant (Please Print)

Course code _____ Credits _____	Tuition _____
Subject _____	Resources _____
Prerequisite _____	_____
Final Mark _____ Year _____	_____
Print <input type="checkbox"/> Online <input type="checkbox"/>	_____
	Total _____

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

Payment: Please check one of the following, payable to "Vista Virtual School".

Money Order or Certified Cheque

Mastercard Visa Account Number _____ CVV# _____ Expiry Date _____

Address of cardholder (if different than student address): _____

Name as shown on the card (please print): _____

Signature _____ Phone _____

Adult Registration Form

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Additional Courses

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

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Vista Virtual - Adult Program

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