

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.
- Treaty status First Nation students attending Reservation schools do not qualify. They should contact their band office regarding funding.
- Student must be an Alberta resident and Canadian Citizen or Landed Immigrant. (A photocopy of documentation must be provided.)

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

Application may be faxed to Vista Virtual School

- Calgary area students: 403-611-8811
- \* Need HELP? Toll-free 1-855-974-5333 ext. 5317

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ASN (Alberta School Number) _____	ADLC File Number (If Previously Enrolled) _____	Sex (M/F) _____	Date of Birth (Birth Certificate Required) (eg. 21/JUL/1993) Day _____ Month _____ Year _____
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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 _____

<b>Alberta Address</b> Line 1 _____ Apt _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____	<b>Student's Contact Information</b> Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____
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<b>Shipping Address</b> (If different from above) Line 1 _____ Apt _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____	Reach Student at <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work
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Name of School <b>VISTA VIRTUAL SCHOOL</b>	School Code <b>2317</b>	Current Grade (select one) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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<b>Parent's Contact Information</b> (We will be in contact with student progress reports.) Phone _____ E-mail Address _____	Best Method: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
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<b>Proof of Citizenship</b> (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: _____	<b>Francophone Education Declaration</b> (See the conditions on the reverse) My child is eligible for francophone instruction based on one of the conditions. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you wish to exercise these rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Learning Needs</b> (eg. learning disability, ADHD, IPP, ESL, anxiety, medical condition) Requiring: extra time, readers, scribe, CD, isolation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Aboriginal Ancestry</b> (See reverse) I wish to declare Aboriginal Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select one of the following: <input type="checkbox"/> Status <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit Do you live on a reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Additional comments:** To help us better serve you: \_\_\_\_\_

**Applicant Agreement:** (For students under 18 years of age, a parent or legal guardian's signature is required.) I accept all conditions that appear in the *Registration Guide*. I am responsible for the return of any refundable item(s).

\_\_\_\_\_ Signature \_\_\_\_\_ Applicant or Parent / Legal Guardian (please print)

Course code _____ Credits _____ Subject _____ Prerequisite _____ Final Mark _____ Year _____ Print _____ Online _____ <input type="checkbox"/> <input type="checkbox"/>	Resources _____ _____ _____ _____ _____ Total _____
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If more courses are required, please complete an additional **Course Information Form**. **Grand Total** \_\_\_\_\_

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

Money Order or Certified Cheque  Personal Cheque **Please note: Material is not shipped until cheque has cleared.**

Mastercard  Visa Account Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name as shown on the card (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Vista Virtual - Part-Time Program

### **Aboriginal Ancestry**

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry and School Board mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school jurisdictions.

For further information or if you have questions regarding the collection activity, please contact the office of the director, Aboriginal Policy, Policy Sector, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501.

### **Francophone Education Declaration**

Pursuant to Section 23 of the Canadian Charter of Rights and Freedom, a Canadian citizen is eligible to have his or her children receive education in the French language if one of the following conditions exists [This right can only be exercised by enrolling in a French first language (francophone) program offered by a Francophone Regional Authority.]:

1. Either parent's first language is French and is still understood.
2. Either parent was educated in French in Canada.
3. One or more children in the family has or have received instruction in a francophone school in Canada.

## Additional Information

If there are circumstances that may hinder academic progress, please inform Vista Virtual School administration.  
***(Please attach documentation, ex. previous school IPP, Psychoeducational Assessment, medical documents.)***

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Will this student be enrolled in any other school or home education program during the 2014-2015 school year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please indicate the school and courses currently enrolled in:  |                          |                          |
| School: _____  |                          |                          |
| Courses: _____   |                          |                          |
| If No, please complete the reverse side of this page (Request for Student Records).                                    |                          |                          |
| 2. Has this student recently received special accommodations to write exams? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the student been coded or diagnosed as learning disabled or gifted in the past? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this student recently been in a special program (such as K&E, Outreach, or other alternative programs)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this student recently received speech language services? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has this student recently been tested by an educational specialist/psychologist? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does this student have a serious hearing and/or vision problem? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has this student recently been provided with an Individual Program Plan (IPP)? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |

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

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- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 9. Are you turning 20 years old this school year? (Courses must be completed by June 30, 2015.) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you able to access a VVS/ADLC office in Edmonton, Calgary, Lethbridge, or Barrhead during the regular school day for face-to-face assistance? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 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"/> |
| 12. Will you be travelling out of the province during this school year for longer than three consecutive weeks? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, location: _____ Communicate by: _____   |                          |                          |
| Local phone: _____ Long distance phone: _____   |                          |                          |
| 13. Students in the communities listed below are expected to make an appointment and write their exams at VVS/ADLC offices. Which VVS/ADLC office will be used to write Final Exams?<br><input type="checkbox"/> Barrhead <input type="checkbox"/> Edmonton <input type="checkbox"/> Calgary <input type="checkbox"/> Lethbridge <input type="checkbox"/> Other _____ |                          |                          |
| 14. 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. _____  |                          |                          |
| 15. Provide the date by which you plan to finish your course(s)? _____  |                          |                          |
| 16. What time of day do you plan to work on your course(s)? _____   |                          |                          |

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

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

Parent/Legal Guardian Signature / Student (18 or over)	Date
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## 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

**Vista Virtual - Part-Time Program**

**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 1-866-774-5333, 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**

### Additional Courses

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

Vista Virtual - Part-Time Program