

Vista Virtual School
 Box 4000 Barrhead, AB, T7N 1P4
Senior High School - Partial Program

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

- Barrhead: 780-305-2105
 - Edmonton area schools: 780-427-3850
 - Calgary area schools: 403-290-0978
 - Lethbridge area schools: 403-327-2710
- * Need HELP? Toll-free 1-855-974-5333 ext. 5360

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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 _____
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 _____ 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 _____		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	
Name of School VISTA VIRTUAL SCHOOL	School Code 2317	Current Grade (circle one) 10 11 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: _____		Aboriginal Ancestry (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	
		Francophone Education Declaration (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	
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 <i>Registration Guide</i> . I am responsible for the return of any refundable item(s). _____ Signature Applicant or Parent / Legal Guardian (please print)			
Course code _____ Credits _____	Subject _____	Tuition _____	Resources _____
Prerequisite _____	Final Mark _____ Year _____	_____	_____
Print <input type="checkbox"/> Online <input type="checkbox"/> All-in-One <input type="checkbox"/>	_____	_____	_____
		Total _____	
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". <input type="checkbox"/> Money Order or Certified Cheque <input type="checkbox"/> Personal Cheque Please note: Material is not shipped until cheque has cleared. <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Account Number _____ Expiry Date _____ Name as shown on the card (please print) _____ Signature _____ Phone _____			

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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 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.

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Notice to students turning 20 during the 2012 - 2013 school year:

Refunds on tuition are only provided if you complete and pass your course (including final exams) by August 15, 2013.

Student Signature

