



NEW APPLICATION

BLENDED / SCHOOL DELIVERED PROGRAMS ONLY

2010-2011

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION FORM. **If you are registering for a home education program, please use the yellow government home education form.** This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially. In recognition of PIPA requirements, the supervising board can only use the personal information collected on this form for the purposes of approving, monitoring and supervising a blended or school delivered program. Should you have any questions regarding this collection, please contact our office.

STUDENT INFORMATION – A student’s legal names are those which appear on the birth certificate or adoption papers.

Student’s Legal **Surname**: _____

Student’s Legal First Name: _____

Student’s Legal Middle Name: _____

Preferred Names: _____

Student’s Age – A student cannot be registered without proof of legal name and age. Any of the following documents are acceptable: birth certificate, baptismal certificate, vital statistics document, landed immigrant document, Canadian citizenship document, passport, student visa or driver’s license.

Date of Birth ____/____/____ Male / Female Age: _____ (as of Sept 1, 2010)
(M) (D) (Y)

What grade is the student registering for in 2010-2011? _____

Canadian Citizen: Yes/No If no, please provide documentation _____

Languages spoken at home: _____ (See last page for more info) Are you First Nation, Métis or Inuit? _____

Student’s Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: () _____ Fax: () _____

Email Address: _____

EDUCATION HISTORY – This section is required so that we can request your cumulative file from your last school board.

Previous School/Home Ed. Program: _____

Address: _____

PRIMARY PARENT First Name: _____ **Last Name:** _____

Address _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

In the event of an emergency: _____ Phone: _____

Student Resides with: (check one) Both Parents Mother Father Guardian

Are there any circumstances (family/medical/other) about which you wish the school board to be aware?

Are there any individual accommodations needed for this child?

Would your child require the support of: Speech therapist: _____ Occupational therapist: _____

Psychologist: _____ Other services provided by SHIP _____

Are there any other professionals that you have been involved with? _____

FUNDING:

I/We _____ the parents of _____ declare that the program, education and learning resources that I/we are using to educate this child comply with a *program prescribed, authorized or approved by the Minister under section 39 (1) (a), (b) or (d) of the School Act (AB Program of Studies)* I/We understand and agree to teach and act in accordance with the program expectations as outlined in the handbook and this document. I/We understand and agree that the day to day instruction of this child is my/our responsibility and it is the responsibility of the Phoenix Home Education Foundation (Phoenix) to complete the diagnostic, prescriptive and evaluative components of the program in accordance with the regulations.

I/We accept: An amount designated by the school **OR**
 Other (Decline Funding, or Late Registration – no funding available)

I/We would like to donate:

___ \$5.00 ___ \$20.00 ___ \$ 50.00 from my funding to the Compassion Fund to help other Phoenix families in times of need (i.e. Christmas hampers, loss , or serious illness)

___ \$5.00 ___ \$20.00 ___ \$ 50.00 from my funding to the Scholarship Fund for Phoenix children.

TRANSPORTATION:

I/ We agree to transport the child named above to and from any events, classes or fieldtrips that s/he may be participating in that have been organized by the Phoenix Home Education Foundation (Phoenix). I/We agree to have in effect the necessary vehicle and liability insurance and that I/we will use a certified child seat to transport a child under 40 pounds as required by law.

PROGRAM SELECTION FOR 2010-2011

1. HIGH SCHOOL STUDENTS ONLY – GRADES 10-12

My student will be taking a blended program _____ or 100% home education _____.
 (If your student is taking a home education program, please fill out the yellow government Home Education Notification form.)

- _____ Blended 80% Home education – 20% CEU funding (\$600.00 plus \$50.00 per credit successfully completed - up to 10 credits per year)
- _____ Blended 50% Home education – 50% CEU funding (\$375 plus \$50.00 per credit successfully completed – up to 20 credits per year)
- _____ Blended 20% Home education – 80% CEU funding (\$150.00 plus \$50.00 per credit successfully completed – up to 40 credits per year)

Please book an appointment to see our High School teacher to complete a program form.

Possible meeting dates in August or September: _____ time: _____
 _____ time: _____

2. FOR SCHOOL DIRECTED OR BLENDED STUDENTS ONLY – Grades 1-9

Course List	%		Home ED Parent	School Directed
Language Arts	25	Core		
Mathematics	15	Core		
Science	15	Core		
Social Studies	15	Core		
Health & P.E.	10			
Art & Music	10			
Options (e.g. second languages, drama, religion)	10			
(Must be at 50% for blended funding) TOTALS			*	

**100% home education students MUST use the AB Education Home education Notification form.*

Attendance:

- You agree to attend to your studies on a daily basis and keep an agenda or timetable to demonstrate your work schedule.
- Please notify the school if you will be away for vacation or an extended period of time.

Program and Resources:

- You agree to follow the Alberta Programs of Study and the Education Plan created by your teacher and parent for all school-directed subjects.
- You agree to use the resources that have been approved on your Education Plan or alternatives that assist in achieving the learning outcomes in the Alberta Program of Studies. If your parent is uncertain, please have them contact the teacher first before resources are purchased.

Teachers:

- Contact your teacher whenever you have questions or concerns regarding the materials or course. Teachers will be online at specified times to assist you. You can also come in, call, email or fax your questions. Check their webpage for class information, homework assignments, reminders and more. A teacher will be available at the centre Tuesday/Wednesday/ Thursday and Friday.

Assignments:

- You agree to turn in monthly core subject assignments to your teacher that demonstrate the various learning objectives for school-directed subjects. Your assignments will be reviewed and the teacher will make comments. S/he will offer advice, encouragement and further resources to enhance your learning. S/he will also record marks and note progress.
- If assignments are not submitted after 60 days in accordance to expectations, the school may with notification change your program to Home Education and pro-rate your funding amount accordingly.

Testing:

- You agree to participate in the diagnostic testing initiative.
- If you are in grade 3, 6 and 9 you agree to write the applicable achievement tests.

THE HOME EDUCATION PORTION OF THE PROGRAM IS SUBJECT TO THE HOME EDUCATION REGULATIONS. A copy of this is available from your teacher.

EVENT/CLASS WAIVER - Phoenix arranges for students to participate in classes, fieldtrips, tours, off-campus activities, athletic events and /or other excursions (hereafter known as events) which have educational, athletic or cultural value. Participation in these events is not mandatory.

I/We, being the custodial parent or guardian of _____ understand that:

1. I/We are responsible for the supervision of our child as well as any injuries and damages suffered by the child while participating in any event hosted, organized or promoted by the school.
2. I/We need to register with school in writing or online by 4:00 pm the Friday prior to the event for any events the student shall participate in. (Parents must advise the school in writing prior to the commencement of any event, that they withdraw consent for the student to participate in the event. Any monies paid for the participation of the student upon initial registration for any event, and for which parents later withdraw the student from, are forfeit and non-refundable.)
3. Payments for all school classes and events will be taken from our child’s resource funding unless otherwise advised in writing by the parent. Any amounts that exceed the child’s allotted funding for the year become the responsibility of the parent to pay.
4. The school has the right to cancel any event for any reason such as weather condition, venue cancellation, lack of participants etc. If Phoenix cancels the event, a credit will be issued to the child’s account.
5. Due to the nature of the school, there may be a limited number of spots available for classes, field trips, tours, off-campus activities, athletic events and /or other excursions (events) and as such availability for events is on a first-come, first serve basis. Phoenix families will have access to the Program Guide 1-2 weeks prior to the general public. Any events coordinated in conjunction with other organizations are subject to their availability, registration procedures and event guidelines.

On behalf of _____ (child’s name), I /We HEREBY WAIVE AND RELEASE the **PHOENIX HOME EDUCATION FOUNDATION** (Phoenix) and any facilitator/teacher/instructor hired by the Phoenix Home Education Foundation (Phoenix) from any and all liability to the above named minor. I/We are fully aware of the risks and potential for harm involved in such classes/events/fieldtrips/excursions, and on behalf of such minor, release from liability Phoenix Home Education Foundation (Phoenix) and waive any claims such minor may have as a result of an accident, mishap or negligence of the Released Party and/or and other party under or affiliated with Released Party.

I/We agree that any purchases made by me/us from the school will become the parent’s responsibility for payment if for any reason I/we find it necessary to withdraw our registration from Phoenix. I/We understand that I/we will be held responsible for any amounts that exceed my/our child’s resource funding limits for the current year. This consent, authorization and waiver shall be in effect for the time the student is registered with the school.

I have read the entire application and agree to the terms and provisions set out herein.

Signature of Supervising Parent or Legal Guardian

Date

_____ <i>Event File</i>	_____ <i>QB Account</i>	_____ <i>Other</i>
_____ <i>Fac File</i>	_____ <i>SIS Record</i>	_____ <i>Cumm File request</i>

REGISTRATION FEE FOR 2010-2011

1. REGISTRATION PROCESSING: REQUIRED - For new students, there is a \$50.00 registration fee. Please be sure to include this amount with your application.

FEE: \$50.00 Cheque Enclosed (# _____) or Money Order or Visa

Planned Giving

___\$20.00 ___\$ 50.00 from my funding to the **Compassion Fund** to help other Phoenix families in times of need (i.e. Cards and flowers for families who have suffered a loss, or serious illness, classes for students with no funding. Please give. This is used to support our community!)

___\$20.00 ___\$ 50.00 from my funding to the **Scholarship Fund** for Phoenix children.

2. CREDIT CARD NUMBER: REQUIRED - This hereby authorizes the Phoenix Home Education Foundation otherwise known as Phoenix to bill the credit card number listed below for any event or products that either myself or my child has registered for and/or participated in and/or consumed and/or damaged through Phoenix that exceeds the child's resource funding allotment for this year. I understand and agree to be responsible for any outstanding amounts should we withdraw from Phoenix at any time throughout the year. I hereby give permission for the Phoenix Home Education Foundation to keep this credit card number on file. This information shall be kept confidential at all times.

Name on card: _____ Expiry Date: _____

Card Number: _____ Signature: _____

3. ACCEPTANCE: We process all registration forms in **August**. Upon receipt of the completed application, an orientation/information package including an Acceptance Notice will be sent to you by email or regular mail.

4. FMNI:

If you wish to declare that your student is an Aboriginal person, please specify:

Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act) as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Pursuant to section 13 and 14 of the Personal Information Protection Act (PIPA), Level 2 accredited private schools in Alberta are collecting this information in order to develop policies, programs and services to improve Aboriginal learner success. For further information or if you have questions regarding the collection activity by Alberta Education, please contact the office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by the school, please contact the school principal.

Signature: _____

5. COMMUNITY COMMITMENT: REQUIRED I am willing to help with the following events or activities:

Parent Name: _____ Phone: _____ Email: _____

I would be willing to help out in the following ways: _____
