



# NEW APPLICATION

BLENDED / SCHOOL DELIVERED PROGRAMS ONLY

**2009-2010**

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION 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, 2009)

(M) (D) (Y)

What grade is the student registering for in 2009-2010? \_\_\_\_\_

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

Languages spoken at home: \_\_\_\_\_ (Optional) Are you First Nation, Métis or Inuit? \_\_\_\_\_

Student’s Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Student 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: \_\_\_\_\_

**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?** \_\_\_\_\_

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.

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** - Please visit our website for more information about each program – [www.phoenixfoundation.ca](http://www.phoenixfoundation.ca) This form is for blended or school-delivered programs only and is required to determine what subjects the school is responsible for and what subjects the parents is responsible for. Please check off who will be responsible for each subject.

Course List (Grades 1-9)	%		Home ED Parent Directed Subjects	School Directed Subjects APS
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			
<b>(Must be 50%/ 75% or 100% school directed) TOTALS</b>				

### FOR SCHOOL DIRECTED SUBJECTS ONLY

#### 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 need to follow the Alberta Programs of Study and the Education Plan created by your teacher and parent for all school-directed subjects.
- You will 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.

#### Definition of Instruction:

Instruction is the process in which certificated teachers take responsibility for ensuring that learning activities for students are directed towards achieving outcomes of approved *Program of Studies* and/or Individualized Program Plans.

#### Access to instruction means:

- certificated teachers are assigned to deliver or supervise the instruction
- the instruction, and evaluation of performance, is based on the outcomes in an approved program of studies
- there are designated times when teachers are available to the students
- students know, prior to enrolling in courses, how and when they will be able to access the instructional expertise of teachers.

Instructional time includes time scheduled for purposes of instruction, examinations and other student activities where student-teacher interaction and supervision are maintained.

**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>

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## REGISTRATION FEE

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**1. REGISTRATION PROCESSING: REQUIRED** There is a \$50 non-refundable processing fee payable with submission of this form for first time student applicants. For returning students, there is a \$25.00 registration fee. Please be sure to include this amount with your application.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Program:** \_\_\_\_\_

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

**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. SEND: REQUIRED** Please send the completed document, along with your registration fee and Birth Certificate or Citizenship documents to: **The Phoenix Registrar, Bay #1 2821 3 AVE NE, CALGARY, AB, T2A 7P3**

**4. ACCEPTANCE:** We process all registration form 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.

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## COMMUNITY COMMITMENT - REQUIRED

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Fundraising / Social Committee

- |   |   |
|---|---|
| <input type="radio"/> Casino (November) | <input type="radio"/> Lunch or treat days |
| <input type="radio"/> Special Events    | <input type="radio"/> Dances              |

### Student Support

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="radio"/> Classroom Helper | <input type="radio"/> Professional Development Day | <input type="radio"/> Book Sales |
|--|--|----------------------------------|

### Facility Helper

- |                                |                                  |                                  |
|--------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Cleaning | <input type="radio"/> Organizing | <input type="radio"/> Restocking |
|--------------------------------|----------------------------------|----------------------------------|

Other: \_\_\_\_\_