



320 19 Street SE, Calgary, AB T2E 6J6

## Home Education APPLICATION FORM 2025-2026

***This application form is a legal document. It must be accurate, complete and signed by the parent, legal guardian or independent student. All information will be treated confidentially. In recognition of PIPA requirements, the supervising authority can only use the personal information collected on this form for the purposes of approving, monitoring and supervising a school program.***

**STUDENT INFORMATION:** A student cannot be registered without proof of legal name, age and Alberta residency. A legal document such as: birth certificate, vital statistics document, landed immigrant documents, Canadian citizenship document, passport, student visa or driver's license must be presented with your application.

Legal Last name:	Legal First Name:	Legal Middle Name:
Preferred Name(s):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Preferred Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They
Date of Birth:		

<input type="checkbox"/> <b>Canadian Citizen:</b> Please provide one: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> My documents are on file ( <i>Returning Students only</i> ) <b><i>This application will not be processed until you provide a copy.</i></b>	Entering Grade:	Are you: <input type="checkbox"/> NEW <input type="checkbox"/> RETURNING	Age on Sept. 1:  <i>Must be 4 yrs and 8 mos on Sept 1 (ESC)</i> <i>Must be 5 yrs and 8 mos on Sept 1 (Gr.1)</i>
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<input type="checkbox"/> <b>Foreign Citizen</b> - Foreign Citizens <b>MUST</b> provide <b>BOTH</b> Foreign Citizenship Documents <b>AND</b> Work Visa or Residency documents			
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other	<b>AND</b>	<input type="checkbox"/> Work Visa <input type="checkbox"/> Residency Documents	Expiry:
<input type="checkbox"/> Passport			

**Aboriginal Self Identification:** For further information: [www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx](http://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx) or contact Alberta Education at 780-427-8501. If you have questions about the collection of this information, please contact the school.

☐ Status First Nation    ☐ Non Status First Nation    ☐ Métis    ☐ Inuit

**FAMILY INFORMATION:** The family must be a resident of the Province of Alberta on or around Sept. 30. It is important to fill out information for each parent or legal guardian, whether or not they are living together, or with the student.

#1 Parent / Legal Guardian (First & Last): *This will be our <u>primary</u> contact		#2 Parent / Legal Guardian (First & Last): *This will be our <u>second</u> contact	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Student Resides with this parent: <input type="checkbox"/> Yes <input type="checkbox"/> No		Student Resides with this parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Address (if different):	
City:	Postal Code:	City:	Postal Code:
Cell Phone:	Alt Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work	Cell Phone:	Alt Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work

**Email is our primary mode of communication.** Please list **ALL** of the emails that you wish to add to your student's account.

Is there a Custody/Parenting Agreement or Guardianship Order in place? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>This application will not be processed until you provide a copy.</i>	Is there a Protection Order in place? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>This application will not be processed until you provide a copy.</i>
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Emergency Contact ( <b>NOT</b> one of the adults listed above):	Relationship to Student:	Phone Number:
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## STUDENT EDUCATIONAL PROFILE 2025-2026

**STUDENT EDUCATIONAL PROFILE:** We are not a designated special needs school and do not offer programs suited to students at either end of the learning spectrum. If your student has an IPP, ISP or behavioral plan from their current school, you must provide this to us in order to ensure that Phoenix is able to provide support for your student. Failure to disclose this may result in non-acceptance or the withdrawal of your application.

**ADMISSION:** The Principal has the authority to determine the placement of each student enrolling or re-enrolling in the school. Whilst the school may continue to admit students of a wide range of abilities and learning needs, the Principal will not offer admission to a student who, in their opinion, will not be able to benefit from the opportunities in the school, or when a student's presence is likely to disturb the learning of other students in the school.

<b>Legal Last Name:</b>	<b>Legal First Name:</b>	<b>Language(s) spoken at home:</b>
<b>New Students - Name of previous school:</b>	<b>New Students - Please include your most recent Report Card.</b>	<b>Has your student ever been suspended?</b>

**Does your student have:** Check all that apply **AND** provide the most current copy of any of these documents

☐ IPP/ISP    ☐ ESL    ☐ Coding: list code(s): \_\_\_\_\_    ☐ Behavioral Plan    ☐ Current Psych Ed Assessment

**Learning Challenges:** Briefly describe.

**Please supply names of any other professionals involved in the care of this student:** SLP, OT, Physiotherapist, Psychologist, Physicians, etc

**Family Circumstances:** Please briefly describe any family circumstances that you wish the school to be aware of.

**Medical issues, medication or allergies:** We cannot guarantee that Phoenix is an allergen-free zone. Please ensure you or your student carries an epi-pen or inhaler at all times and is able to use it. If your student has life threatening allergies or conditions, you must stay on-site with your student.

**Dietary preferences and/or restrictions:** We cannot guarantee that classes and events can accommodate all dietary preferences or restrictions.

**DECLARATION:** By signing below, I verify that I have the legal authority to register the student identified on this form and that I have identified all of the parents and legal guardians for this student. I declare that I have filled out this application fully and to the best of my knowledge. I also acknowledge that I will notify the school immediately of any changes to any of the information on this form.

<b>Parent Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
<b>Parent Signature:</b>	<b>Print Name:</b>	<b>Date:</b>

*If required by a court order, all parents / legal guardians must sign this form.*



7. The address and telephone number of the student:

Street address or legal description (Area code) Telephone number

Community Province Postal Code

The address and telephone number of the parent (if different from the student's):

Street address or legal description (Area code) Telephone number

Community Province Postal Code

8. The address where the education program is to be conducted (if different from the above):

Street address or legal description (Area code) Telephone number

Community Province Postal Code

9. The citizenship of the student and, if the student is not a Canadian citizen, the type of visa or other document by which the student is lawfully admitted to Canada for permanent or temporary residence, and the expiry date of that visa or other document:

10. The estimated grade level of the student: \_\_\_\_\_

11. The name of the resident school board: \_\_\_\_\_

12. Education program and name of school or name of associate board or associate private school for the previous school year: \_\_\_\_\_

13. Is assistance required in preparing the home education program plan? (Check one) ☒ Yes ☐ No

14. Provide the name of the person(s) providing the home education program or instructing the home education program, if not the parent: \_\_\_\_\_

15. a) **For associate school boards** – please see note below:

If you wish to declare that you are an Aboriginal person, please specify:

☐ Status First Nations ☐ Non-Status 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 (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. Alberta school boards are also collecting this information pursuant to the same section in conjunction with section 2(1)(t) of the Student Record Regulation and for the same purposes.*

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. If you have questions regarding the collection activity by your school board, please contact the School Board Superintendent.

b) **For associate private schools (if private school is a Level 2 Accredited Funded Private School)** – please see note below:

If you wish to declare that you are an Aboriginal person, please specify:

☐ Status First Nations ☐ Non-Status 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.

#### 16. Section 23 Francophone Education Eligibility Declaration

*Section 2 (1) of the Student Record Regulation states that:*

\*To be completed only if associate board is supervising Home Education

*The student record of a student must contain all information affecting the decisions made about the education of the student that is collected or maintained by a board, regardless of the manner in which it is maintained or stored including (s) if the parent of a student is eligible to have the student taught in the French language pursuant to section 23 of the Canadian Charter of Rights and Freedoms, a notation to indicate that and a notation to indicate whether the parent wishes to exercise that right.*

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms*:

Citizens of Canada

- whose first language learned and still understood is French; or
- who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

A. According to the criteria above as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education? (Please place an X in the appropriate box.)

☐ Yes ☐ No ☐ Do not know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

☐ Yes ☐ No

## PART B Declaration by Parent

I/We, \_\_\_\_\_, the parent(s) of \_\_\_\_\_ the student, declare to the best of my/our knowledge that the home education program and the activities selected for the home education program will enable the student (check as applicable):

- ☐ to achieve the outcomes contained in the Alberta Programs of Study.
- ☐ to achieve the outcomes contained in the Schedule included in the *Home Education Regulation*.

In addition, I/We understand and agree that the instruction and evaluation of my/our child's progress is my/our responsibility and that the associate board or private school will supervise and evaluate my/our child's progress in accordance with the *Home Education Regulation*.

I/We understand and agree that the development, administration and management of the home education program is our responsibility.

Parents who provide home education programs acknowledge that there are implications when they choose to use programs different from the Alberta *Programs of Study*:

1. Students may not apply to a high school principal for high school credits.
2. Students may not receive an Alberta High School Diploma.

Any student in a home education program may write a high school diploma examination. However the diploma examination mark achieved will stand alone and will not result in a final course mark unless accompanied by a recommendation for credit by a high school principal. A final course mark requires both a school awarded mark and a diploma examination mark. Arrangements to write diploma examinations should be made well in advance of the writing date by contacting the associate school board or associate private school for assistance or Learner Assessment Branch at 780-427-0010.

\_\_\_\_\_  
Signature(s) of Supervising Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
(mm / dd / yyyy)

## **PART C Associate School Board or Associate Private School Notification of Acceptance**

As per Section 2(3) of the *Home Education Regulation* the associate board or associate private school must reply in writing to the parent not more than 15 school days after the date on which it is notified whether it agrees to supervise or continue to supervise the Home Education Program.

This agreement    ☐ is accepted        ☐ is not accepted by the    ☐ is provisionally accepted by

\_\_\_\_\_  
(Print the name, address and phone number of the associate board or private school)

\_\_\_\_\_  
Signature of Superintendent or Principal

\_\_\_\_\_  
(mm / dd / yyyy)

## **PART D Requirements for the Home Education Program for Components of the Program that Do Not Follow the Alberta Programs of Study**

If portions of the student program will enable the student to achieve the outcomes contained in the Schedule included in the Home Education Regulation, please attach according to this Form the required written description of the Home Education Program for a student who is following the *Schedule of Learning Outcomes for Students Receiving Home Education Programs That Do Not Follow the Alberta Programs of Study*:

1. Describe in the home education program plan, the instructional method to be used, the activities planned for the program and how the instructional method and the activities will enable the student to achieve the learning outcomes contained in the Schedule.
2. Identify the resource materials, if different from provincially authorized materials, to be used for instruction.
3. Describe the methods and nature of the evaluation to be used to assess the student's progress, the number of evaluations and how the evaluation addresses the learning outcomes in Question 1.
4. Describe the associate board or associate private school facilities and services that the parent wishes to use.



Occasionally, as a part of a regularly scheduled class or event at the Phoenix Foundation, Teachers, Instructors and other parents may walk with students (Children) off school property to venues in the Mayland Heights community that are in **close proximity (walking distance)** to the school. These places may include (but are not limited to):

- Mayland Heights Playground at 3 Ave and 23 St NE
- Mayland Shopping Center
- Greenspace / field immediately south of the school
- Righteous Gelato, Lactalis

**Risk mitigation and safety measures include:**

- Supervision ratio of 14:1, or greater,
- Supervisors carry an emergency pack which includes: first aid kit, epi-pen, sunscreen, bug spray, walkie talkie and/or cell phone,
- Supervisors review the safety rules and behavior expectations with students prior to departure.
- Emergency First Aid training for all supervisors,
- Weather related preparations (umbrellas, mitts, toques, etc),
- Parents will be notified by email prior to the class that includes a community trip.

**Risks and hazards for these trips may include (but are not limited to):**

- Slipping, tripping and falling
- Falling on playground equipment
- Crossing streets
- Wildlife encounters (prairie dogs, hawks)

I freely and voluntarily assume the risks and hazards inherent in the nature of the activity and understand and acknowledge that my student, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.

My student (Child) has been informed that they are to abide by the rules and regulations including directions and instructions from the school's Supervisors as imposed on students while participating in the activities.

**Based upon my understanding of the activities and the hazards identified above:**

☐ I **GIVE** my student (child) permission to participate in these close-proximity off-site activities. This permission is extended for the duration of the school year. This permission does not extend to field trip activities at venues that are not walking distance from the school.

☐ I **DO NOT** give permission for my student (Child) to participate in these close-proximity off-site activities.

\_\_\_\_\_  
Name of Student (Child) *(please print)*

\_\_\_\_\_  
Name of Parent/Guardian *(please print)*

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Parent/Guardian



The Phoenix Education Foundation **Student Code of Conduct** applies to behavior and actions of students participating in all Phoenix activities, on-site or off-site. During field trips or outdoor activities, risk mitigation and safety measures include:

- Supervision ratio of 14:1, or greater,
- Supervisors carry an emergency pack which includes: first aid kit, epi-pen, sunscreen, bug spray, walkie talkie and/or cell phone, and have emergency first aid training
- Supervisors review the safety rules and behavior expectations with students prior to departure,
- Weather related preparations (umbrellas, mitts, toques, etc).

Risks and hazards for general onsite or off-site activities or field trips may include but are not limited to:

- Slipping, tripping and falling
- Crossing streets
- Separation from the group
- Allergic reactions (food, environmental, animal)
- Pre-existing medical conditions (asthma, etc)
- Injury from equipment (balls, bats, racquets, skates, rollerblades, skis) or falling on playground equipment,
- Wildlife encounters (prairie dogs, hawks)
- Swimming (drowning, slides)

My student has been informed that they are to abide by the rules and regulations including directions and instructions from the venues and the school's supervisors as imposed on students while participating in the activities.

If my student fails to abide by the rules and regulations imposed on the student while participating in this activity, I understand that they may not be able to participate or that I will need to pick them up during the activity.

I have notified Phoenix of any medical or health concerns of my student which may affect their participation in activities.

I freely and voluntarily assume the risks and hazards inherent in the nature of the various activities and understand and acknowledge that my student, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event. Based upon my understanding of the activities and the hazards identified above, I give my student permission to participate in general off-site activities. **Off-site field trips must be registered for through our online registration system.**

\_\_\_\_\_  
Name of Student (*please print*)

\_\_\_\_\_  
Name of Parent/Guardian (*please print*)

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Parent/Guardian





When student information is shared in a way that makes the student publicly identifiable, PIPA requires the Phoenix Education Foundation to obtain parent consent. Sharing this information, for non-profit educational purposes, helps us celebrate the successes of our students with parents, the community and general public.

Giving consent means that we have permission to use your child's personal information (image, grade, samples of work) in the following ways:

- Displays and presentations in the school
- Phoenix's website and social media
- Schoology (Learning Management System)
- Print and electronic publications that provide information about Phoenix and school initiatives or activities (brochures, invitations, reports, newsletters, etc)
- Videos, lessons and student work may be digitally recorded as evidence for staff development or to demonstrate good professional practices. These may be shared with other educational organizations.

This consent does not apply to:

- Use of student information by media or third party organizations. This consent will be expressly provided in a separate form.
- Photographs and recordings taken by parents during school events either on or off Phoenix property.
  - *Parents may take recordings of students at school events. Once parents have taken photographs or videos, Phoenix cannot restrict or limit their subsequent publication or re-broadcasting.*
- The educational use of student information within Phoenix.

### Consent for Release:

☐ I **GIVE** the Phoenix Education Foundation consent to use my child's information as described above.

☐ I **DO NOT** give consent to use my child's information as described above.

\_\_\_\_\_  
Name of Student *(please print)*

\_\_\_\_\_  
Name of Parent/Guardian *(please print)*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (YYYY-MM-DD)

**\* Consent is valid for the current school year only**



320 19 Street SE, Calgary, AB T2E 6J6

## HOME EDUCATION 2025-2026

Student Name:

Grade:

**Submitting an Application form and paying the application fee does not guarantee admission to the school.** In accordance with our Admission policy, a notice accepting or declining your application will be sent to you by email, regular mail, or in person.

**APPLICATION FEE: REQUIRED. NON-REFUNDABLE.** This fee must be paid at the time of your application. Application fees are capped at 3 students per family. New students pay \$75.00. ☐ \$75 (New) ☐ \$50 (returning) ☐ \$0 (4th child)

**Phoenix is a Registered Charity** and will issue a tax receipt for any donation of \$50.00 or more. Your official tax receipt will be issued under the name of the person who made the donation. If you make the donation by credit card, then the receipt will be issued to the cardholder name on the credit card.

**Compassion Fund (Optional Donation)** - The Compassion Fund is used for cards, thank you gifts, Christmas food hampers, transit passes, or flowers during a time of loss. Your donations make a real difference!

- ☐ \$25  
☐ \$50  
☐ \$100

**Scholarship Fund (Optional Donation)** - We are very proud to present the Venley Conn Literacy Award, the Act of Kindness Award and the Michael Batas Environmental Stewardship Award. Recipients receive gift certificates, books, recognition and more. These great awards are presented annually to Phoenix students.

- ☐ \$25  
☐ \$50  
☐ \$100

**Special Projects (Optional Donation)** - The money raised goes to many various special projects, such as our Creation Studio, classroom refurbishment, the Bees, and the Food Forest garden.

- ☐ \$25  
☐ \$50  
☐ \$100

**Soaring to Brilliance Fund (Optional Donation)** - our **SOARING TO BRILLIANCE** fund assists students in achieving their dreams. This fund provides support for learning events and activities outside the academic program we offer through Phoenix. Students must apply and demonstrate need.

- ☐ \$25  
☐ \$50  
☐ \$100

### BALANCE OWING

TOTAL APPLICATION:

TOTAL DONATIONS:

BALANCE OWING:

### PAYMENT METHOD

**I understand that my fees will be collected according to the following schedules:**

**Application Fee:** Due immediately

**Donations:** Due upon acceptance

☐ **E-TRANSFER:** send to [payments@phoenixfoundation.ca](mailto:payments@phoenixfoundation.ca) Include your student's name in the message.

☐ **CREDIT CARD NUMBER: REQUIRED** - I authorize the Phoenix Education Foundation (Phoenix) to bill the credit card number listed below for any Phoenix event(s) or product(s) that either myself or my student has registered for, participated in, consumed or damaged. I understand and agree that I am responsible for any outstanding amounts. Withdrawal from Phoenix does not remove this obligation. I hereby give permission for the Phoenix Education Foundation to keep this credit card number on file. This information shall be kept confidential at all times.

Name on card:

☐ MasterCard

☐ Visa (no visa debit)

Card Number:

Expiry:

CVC:

Signature: