



320 19 Street SE, Calgary, AB T2E 6J6

RESCUE APPLICATION FORM 2025-2026

This application form is a legal document. It must be accurate and complete. 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. Should you have any questions regarding this collection, please contact our office.

PROGRAM CHOICE (SELECT ONE)

☐ Home Kindergarten

OR

☐ Home Education (Grades 1-12)

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 Surname:

Legal First Name:

Legal Middle Name:

Preferred Name(s):

Gender:

☐ Male
☐ Female

Preferred Pronoun:

☐ He
☐ She

Date of Birth:

☐ Canadian Citizen: Please provide one:

☐ Birth Certificate
☐ Passport
☐ Other

Entering Grade:

Are you:

☐ NEW
☐ RETURNING

Age on Sept. 1:

*Must be 4.8 yrs on Sept 1 (ECS)
Must be 5.8 yrs on Sept 1 (Gr.1)*

☐ Foreign Citizen - Foreign Citizens **MUST** provide Foreign Citizenship Documents AND Work Visa or Residency documents

☐ Birth Certificate
☐ Passport

☐ Other

AND

☐ Work Visa
☐ Residency Documents

Expiry:

Aboriginal Self Identification:

For further information, please refer to: <https://education.alberta.ca-supports/results-report> or contact Alberta Education at 780-427-8501

☐ Status Indian /First Nations

☐ Non Status Indian /First Nations

☐ Métis

☐ Inuit

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

Parent One (First and Last):

Parent Two (First & Last):

Relationship to Student:

☐ Mother ☐ Father ☐ Guardian ☐ Other

Relationship to Student:

☐ Mother ☐ Father ☐ Guardian ☐ Other

Student Resides with this parent: ☐ Yes ☐ No

Student Resides with this parent: ☐ Yes ☐ No

Address:

Address (if different):

City:

Postal Code:

City:

Postal Code:

Cell Phone:

Alt Phone: ☐ Home ☐ Work

Cell Phone:

Alt Phone: ☐ Home ☐ 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? ☐ No ☐ Yes

This application will not be processed until you provide a copy

Is there a Protection Order in place? ☐ No ☐ Yes

This application will not be processed until you provide a copy

Emergency Contact & Relationship:

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 nonacceptance of your application.

ADMISSION: The Principal has the authority to determine the grade 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.

Legal Surname:

Legal First Name:

Language(s) spoken at home:

New Students - Name of previous school:

New Students - Please include your most recent Report Card.

Has your student ever been suspended?

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

☐ IPP

☐ ISP

☐ Coding: list code(s):

☐ Behavioral Plan

☐ Current Psych Ed Assessment

Families issues or concerns:

Medical issues 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, we require you to stay on-site with your student.

Please supply names of any other professionals involved in the care of this student.

By signing below, you verify that you have filled out this application fully and to the best of your knowledge. It is an accurate representation of your family and student's current academic and family situation.

Parent Signature:

Print Name:

Date:

Parent Signature:

Print Name:

Date:

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



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RESCUE REGISTRATION REQUIREMENTS 2025-2026

REGISTRATION FEE: REQUIRED This fee must be paid at the time of your application. This is \$75.00 for new students, and \$50.00 for returning students. A returning student is one that was registered with Phoenix in Kindergarten - Grade 11 in the past school year.

Submitting an Application form and fee does not guarantee admission to the school. Application fee is non-refundable. 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 in accordance with our notification schedule.

New ☐ \$75

RESCUE REGISTRATION FEE: REQUIRED Students who register after September 30th are required to pay a tuition fee of \$85.00 per month to cover their program costs. Registration fee and 50% of your tuition are required at the time of registration. Tuition for students registering after April 12 will be a \$300.00 flat fee.

Monthly Tuition	Total months	Total Tuition Due	50% due at Registration	Balance paid by:
\$90.10				<input type="checkbox"/> monthly installments <input type="checkbox"/> paid in full

PLANNED GIVING: OPTIONAL - You can contribute directly to these funds at the time of registration or at any time throughout the year. Thank you for helping to make Phoenix a unique and compassionate place to be!

Phoenix is now a Registered Charity and will issue a tax receipt for any donation of \$20.00 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 reflected on your 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 REGISTRATION & TUITION:	TOTAL DONATIONS:	TOTAL OWING:
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PAYMENT METHOD

E-TRANSFER: payments@phoenixfoundation.ca

CREDIT CARD NUMBER: REQUIRED - I authorize the Phoenix Education Foundation (Phoenix) to bill the credit card number listed below for any Phoenix event or product(s) that either myself or my student has registered for, participated in, consumed or damaged that exceeds the student's BlendEd or Home Education program allotment. 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:	<input type="checkbox"/> Visa (no Visa Debit)	<input type="checkbox"/> Mastercard
Card Number:	Expiry:	CVC:
Signature:		



HOME EDUCATION REGULATION A.R. 89/2019
NOTIFICATION FORM FOR HOME EDUCATION PROGRAM
SUPERVISED BY A SCHOOL AUTHORITY
Education Act, Section 20

The personal information collected on this form is collected pursuant to the provisions of Section 33(c) of the ***Freedom of Information and Protection of Privacy Act***, R.S.A. 2000, cF-25, the ***Student Record Regulation***, A.R. 97/2019 and Section 2 of the ***Home Education Regulation***, A.R.89/2019 (in the case where the collection is done by an associate board) and pursuant to the provisions of the ***Personal Information Protection Act***, the ***Private Schools Regulation***, A.R. 93/2019 and Section 2 of the ***Home Education Regulation***, A.R. 89/2019 (in the case where the collection is done by an associate private school) for the purposes of: (a) notifying a School Board or an Accredited Private School that a parent/guardian wishes to educate a student in a home education program, (b) verifying that a student is eligible for a home education program, (c) and for providing further particulars on the home education program in which the student will be participating so that the associate board or accredited private school can supervise the program to ensure compliance with the ***Education Act***. This information will be treated in accordance with the ***Freedom of Information and Protection of Privacy Act*** and the ***Personal Information Protection Act*** as applicable and depending on whether the personal information is in the custody of an associate board or an associate private school. Should you have any questions regarding this activity, please contact, Alberta Education, Field Services, 9th Floor, 44 Capital Boulevard, 10044 – 108 Street NW, Edmonton, Alberta, T5J 5E6 Telephone: 780-427-6272 (toll-free by first dialing 310-0000).

Alberta Education does not require parents/guardians who complete a Notification Form to complete a registration form for the associate board or associate private school.

Parents/guardians choosing shared responsibility programs may be required by the school to complete additional forms.

Part A and B must be completed by the parents/guardians and submitted to the proposed associate board or associate private school.

Part C must be completed by the associate board or private school. Parents/guardians must be notified in writing of the decision of the associate board or private school to supervise or continue to supervise the home education program within 15 school days of the associate board or private school receiving the Notification Form.

Part D must be completed by the parent/guardian and submitted to the proposed associate board or associate private school. This part relates to the required descriptions of those components of the proposed Home Education Program that relate to Learning Outcomes referred to in the ***Home Education Regulation***.

PART A Student Information

☐ Notification of Intention to Home Educate with a new associate board or associate private school.

☐ Notification of Renewal of Intention to Home Educate with the same associate board or associate private school.

1. Legal Surname _____ Legal Given Name(s) _____

2. Birthdate: _____ (mm / dd / yyyy) 3. Gender: _____ (M/F/X) 4. Registration Date: _____ (mm / dd / yyyy)

5. Student Also Known As: Surname _____ Given Name(s) _____

6. The name of the student's parent/guardian (as defined in the ***Education Act***, Section 1(1) and (1)(x)(v):

(last name) Parent/Guardian 1 (first name) Parent/Guardian 1 () _____ / _____
Home Phone Work/Fax

(last name) Parent/Guardian 2 (first name) Parent/Guardian 2 () _____ / _____
Home Phone Work/Fax

Parent/Guardian E-mail Address: _____

Alberta Student Number (ASN) _____

(To be provided by the school)

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/guardian (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/guardian: _____

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

If you wish to declare that you are 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 (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)(f) of the Student Record Regulation and for the same purposes.

For more information, please contact the office of the Director, Strategy and System Supports, First Nations, Métis and Inuit Education Directorate, Alberta Education at 780-427-8501 (toll-free by first dialing 310-0000). 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 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 more information, please contact the office of the Director, Strategy and System Supports, First Nations, Métis and Inuit Education Directorate, Alberta Education at 780-427-8501 (toll-free by first dialing 310-0000). 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 for a student or child must contain all information affecting the decisions made about the education of the student or child that is collected or maintained by a board or an private early childhood services program operator, regardless of the manner in which the student record is maintained or stored including (s) in the case of a student record maintained by a board, other than a person responsible for the operation of a private school, if the parent/guardian of the student or child has the right to have the student or child receive primary and secondary school instruction in the French language under section 23 of the Canadian Charter of Rights and Freedoms, a notation to indicate that and a notation to indicate whether the parent/guardian 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/guardians 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/Guardian

I/We, _____, the parent(s)/guardians(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/guardians 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 Exam Administration at 780-643-9157.

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/guardian 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/guardian wishes to use.