

Self-Assessment Checklist

Are you a good candidate for distance education?

Successful distance education students share several characteristics. These questions will assist you in determining if you will be successful in distance learning:

Yes\Maybe\No

4 3 2 1

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can I work independently, pursuing the resources (print, online, or textbook materials) until I understand the topics? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Am I willing to re-read, make notes, draw webs or diagrams, or use other devices to promote my understanding? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Am I willing to take the time necessary to complete my course(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Am I comfortable using a computer for writing assignments in print courses or for research, reading, and writing in online courses? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can I stay focused on topics, completing assignments on time and with diligence? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Am I willing to use supplementary resources (dictionary, atlas, and other sources) to assist my understanding? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can I work uninterrupted in a quiet place for an hour between breaks? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do I have the support of an adult who supervises my progress and provides positive coaching when I need it? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Am I willing to contact my Vista Virtual School teacher or markers when I need help to understand materials or the marking of my work? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Am I motivated sufficiently to take responsibility for my own learning so that I succeed? |

If most responses are **Yes**, you will likely succeed well in distance education. If most responses are **No**, you likely prefer the structure and supervision provided by regular school environments.

Most students have some **Maybe** responses—either #2 or #3. You (and your parents) must then consider your situation, your strengths, your goals, and your dedication to decide if Vista Virtual School is for you.

In any case, although distance education requires a great deal of independent learning, Vista Virtual School teachers and markers are available to help you.

Do you prefer print or online resources for your distance education program?

Vista Virtual School offers various modes of delivering distance education resources. In many courses, you have a choice of print or online. Some resources are combinations. Others are only print or only online. The following questions may help you choose:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have access to sufficient computer capacity and sufficient Internet speed to complete online courses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I use the Internet and create documents easily? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I like to research, read, and type on the computer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is reading from screen as easy as (or easier than) reading from paper? |

If you answered **Yes** to these, you might prefer online resources.

If you answered **No** to these, you might prefer print resources.

After registering with Vista Virtual School for an online course, you are expected to complete "Introduction to Online Learning" to learn how to use the features (such as drop boxes) of Vista Virtual School online courses.

If circumstances demand that you use print only or if you choose print, you might choose to use a word processing program and send your work by e-mail rather than by regular mail.

You may photocopy the registration form for use to enrol several students.



Registration Form:

- Alberta Student Number (Grades 2 - 12)
- Day, month, and year of birth (Birth certificate required for first-time registrants)
- Full legal name (including maiden or previous surname if applicable)
- Address (Alberta, shipping if different, and legal land description)
- School last attended and school telephone number
- Contact information
- Special conditions (attach documentation)
- Citizenship Declaration
- Aboriginal Ancestry Information (if applicable)
- Francophone Education Declaration (if applicable)
- Living arrangements and parental contact information
- Parent/Legal Guardian Information (Students who are 16 years of age or older and who are living independently do not require parental signature)



Course Information

- Program information
- Delivery method, course code, subject name, desired number of credits where varying credits are available, semester
- Choose optional material, if required, (such as novels)
- Grades 7, 8, & 9 Health: Read and sign the Parental Permission Form for Human Sexuality unit



Complete the Computer Knowledge Questionnaire



Read and sign the Truancy Policy and the Acceptable Use Forms



Complete and sign the Release of Student Records Form (for new students)



Include additional information - medical, special needs requests, other (attach documentation)



Complete and sign the FOIP Form



Include legal proof of student's identity (Birth certificate or Adoption certificate and/or Permanent Landed Immigrant or Residence certificate)



Include a copy of the student's most recent report card or statement of course and marks.



Enclose payment or Visa or Mastercard credit card information. In-person registrants may use debit card. GST is included in the prices of all items to which GST applies.

For assistance, please contact Vista Virtual School via e-mail vvschool@adlc.ca or phone 1-866-774-5333 ext. 5317.

In-person registration may be completed at any VVS/ADLC office as indicated on the title page. Mail or fax to the address or fax numbers listed below.

Vista Virtual School
Box 4000
Barrhead AB T7N 1P4
Barrhead 780-674-4712

• Edmonton 780-427-3850 • Calgary 403-290-0978 • Lethbridge 403-327-2710

Vista Virtual School 2012-2013

Fax: Barrhead 780-674-4712
Edmonton 780-427-3850
Calgary 403-290-0978
Lethbridge 403-327-2710

OR

Mail: Vista Virtual School
Box 4000
Barrhead, Alberta
T7N 1P4

NEED HELP? Call Toll-free: 1-866-774-5333 Extension 5317

For Office Use Only

File Number _____
Date _____ Input By _____
Receipt No. _____ Page _____ of _____
Authorized by _____

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ASN (Alberta Student Number) _____		VVS/ADLC File Number (If Previously Enrolled) _____		Sex (M/F) _____	Date of Birth (Birth Certificate Required) (eg. 21/JUL/1993) Day _____ Month _____ Year _____		Current Grade _____
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 _____ Best Contact Time _____ E-mail Address _____ Reach Student at <input type="checkbox"/> Home <input type="checkbox"/> Work			
Legal Land Description _____				Special Needs (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			
Shipping Address (If different from above) Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____				Citizenship Birth Certificate Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student a Canadian Citizen? <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: _____			
Name of Previous School or Jurisdiction _____		School Phone _____					
Aboriginal Ancestry (See explanation on reverse) I wish to declare Aboriginal Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No <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 explanation on 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			
Student resides with <input type="checkbox"/> Mother and Father <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Lives Independently <input type="checkbox"/> Other (please specify) _____							
Students 18 or older are not required to provide parent/legal guardian information.							
Parent/Legal Guardian Information Father or Legal Guardian: _____ Address <input type="checkbox"/> Same as student _____				Mother or Legal Guardian: _____ Address <input type="checkbox"/> Same as student _____			
E-mail _____				E-mail _____			
Phone: Home _____				Phone: Home _____			
Work _____				Work _____			
Cell _____				Cell _____			
Name of Parent or Legal Guardian who will be supervising student: _____							
Last Name _____				First Name _____			
Phone: Home _____ Work _____ Alternate _____							
E-mail _____							

Vista Virtual School

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.

Release of Student Records Form

For Office Use Only	
File Number _____	Page ____ of ____

I, _____, as Parent or Legal Guardian of _____ authorize release of my child's student records to Vista Virtual School, which my child will be attending in the 2012-2013 school year.

Relationship to Student _____ (Mother, Father, Grandparent, Guardian, etc.)

STUDENT INFORMATION

Student name: _____
Last First Middle

Alberta Student Number: _____

Date of Birth: ____ / ____ / ____
day month year

Grade and/or Class: _____

Print the school name and address last attended below:

School Name

Address

Town/City Province Postal Code Phone

Parent or Legal Guardian's Signature Date

For Previous School Use Only

To Whom It May Concern:

Please deactivate this student and forward to us as soon as possible all information, both confidential and general, as well as any other data you feel may be helpful in understanding the student concerned.

Should student records not be available, kindly notify our office as to where records can be obtained. If you have any questions, please contact Vista Virtual School at 1-866-774-5333, extension 5317. Thank you for your assistance.

Yours truly,

Vista Virtual School

Please send student records to

Vista Virtual School
Box 4000
Barrhead AB T7N 1P4

Additional Information

For Office Use Only	
File Number _____	Page ____ of ____

If there are circumstances that may hinder academic progress, please inform Vista Virtual School administration. (Please attach documentation)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Will this student be enrolled in any other school or home education program during the 2012-2013 school year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this student recently received special accommodations to write exams? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this student recently been coded or diagnosed as learning disabled or gifted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this student recently received resource room help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this student recently been in a special program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has this student recently received speech language services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has this student recently been tested by an educational specialist/psychologist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does this student have a serious hearing problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this student have a serious vision problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has this student recently been provided with an Individual Program Plan (IPP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has this student ever been retained in a grade? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **yes** to any of questions **above**, please provide details.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 12. Will this student reside in Alberta on September 30, 2012? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does this student's age match his or her grade level? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is one parent or guardian home during the school day to help? (Required for Grades 1-9) | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you able to attend regional face-to-face meetings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you prepared to pay the return shipping cost of items borrowed from Vista Virtual School or return them directly to one of the VVS/ADLC offices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is this student willing to do school work for a minimum of 30 hours per week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Will this student be out of Alberta during this school year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, location: _____ Communicate by: _____ | | |
| 19. Which VVS/ADLC office will this student write Final Exams? | | |
| <input type="checkbox"/> Barrhead <input type="checkbox"/> Edmonton <input type="checkbox"/> Calgary <input type="checkbox"/> Lethbridge <input type="checkbox"/> Other _____ | | |

Describe any other factors (disabilities, illnesses, location, family concern, etc.) that may affect your child's progress in his or her studies.

I hereby certify that the information provided is true and correct.

Parent/Legal Guardian Signature

Date

Vista Virtual School

FOIP Parent/Legal Guardian Consent Form

For Office Use Only	
File Number _____	Page ____ of ____

Student's Name: _____ Alberta Student Number: _____

Freedom of Information and Protection of Privacy Act (FOIP Act) Collection of Personal Information Notice, s.33 FOIP Act

The FOIP Act, which came into effect September 1, 1998, sets controls and standards for public bodies such as school boards to collect and disclose personal information they have in their custody or under their control.

The FOIP Act requires that, when school boards collect personal information directly from individuals, these individuals be provided with the legal authority for the collection, be given the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

The activities listed below are part of a vital, healthy, and functioning school. All students are encouraged to participate in these activities, but we require permission for them to do so.

Please indicate your permission for the use of your child's personal information in the activities below by checking **YES**. If there are certain activities for which you do not give permission to the use of your child's personal information, please check **NO**.

- | | Yes | No |
|---|--------------------------|--------------------------|
| <u>Non-Internet Uses</u> | | |
| • The use of a person's name, photo, and comments in the school calendar, newsletter, yearbook, graduation book, or other school publication..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • The taking of individual, class, team, or club photos for school purposes | <input type="checkbox"/> | <input type="checkbox"/> |
| • The use of a person's name on artwork or other creative work or material of a person displayed at school board sites or at a school or school board sponsored display in the community..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • The use of names in honour rolls, work ethics, graduation ceremonies, scholarship listings, or other awards within the school or school board..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • The use of names and academic information necessary for determining eligibility or suitability for provincial, federal, or other types of awards or scholarships in the event the board applies on a person's behalf | <input type="checkbox"/> | <input type="checkbox"/> |
| • The taking of photos and/or videos of classroom activities and their use by the media or other organizations where a person is not interviewed or identified by name (<i>Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside the school.</i>)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Releasing the Achievement Exam papers to be used as exemplars. (<i>Student's name will not be disclosed.</i>)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Internet Uses

- The taking of photos and/or videos of classroom or other school activities by the school board where the material will be used on the School Board websites and printed material, where a person is not interviewed or identified by name.....
- Uploading student work on the Internet. (*Student's name will not be disclosed.*).....

Parent or Legal Guardian Consent (Please print your name below.)

I, _____, give consent to the use of my child's personal information for only the activities above that are checked **YES**.

Signature _____ Date _____

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 32 (c). For further information, you may call the school Principal at 1-866-774-5333 extension 5317 or the Pembina Hills FOIP Coordinator at 780-674-8500.

Vista Virtual School High School Planning Chart

For Office Use Only	
File Number _____	Page ____ of ____

Student Name _____ Date _____

Alberta Student Number _____ Grade _____

Required Courses	Course Name	Credits		Additional Courses Required to Graduate	Credits Needed
		Earned	In Progress*		
English Language Arts 15 credits to 30-1 or 30-2 level					
Social Studies 15 credits to 30-1 or 30-2 level					
Mathematics 10 credits to 20 level					
Science 10 credits to 20 level or 10 credits in Science 10 and 14					
3 credits in Physical Education 10					
3 credits in CALM					
Grade 12 Courses 10 credits in addition to English Language Arts and Social Studies					
CTS/Fine Arts/Second Languages 10 credits					
Optional Courses					
Total Credits:				/100	

*Credits will be awarded when these courses are completed with a mark of 50% or higher.

Please check the chart to be sure it is accurate. Students have the final responsibility to ensure they have all the courses required for graduation.

