

PLEASE PRINT

Student Information

Legal Last Name _____ Legal First & Middle Name(s) _____ M/F _____ Birthdate (m/d/y) _____

Preferred Last Name _____ Preferred First Name _____

Parents: Mother Last Name _____ First Name _____ (Area Code) Home Phone _____ Work Phone _____ Cell Phone/Other _____

Father Last Name _____ First Name _____ (Area Code) Home Phone _____ Work Phone _____ Cell Phone/Other _____

Address: Mailing Address _____ City/Town _____ Province _____ Postal Code _____

Street Address, if different _____ City/Town _____ Province _____

Email: _____
Email address

Funding in the amount of \$50 is available for those families with a sibling registered in grade 1 to 12 with The Center for Learning@HOME.

Sibling registered with The Centre for Learning@HOME: _____ Name _____ Grade 2010-2011 _____

Copy of birth certificate must accompany application

I understand and agree:

1. that The Centre for Learning@HOME will provide professional guidance;
2. that the instruction and evaluation of my child's progress is my responsibility;
3. that this program does not follow the guidelines set out in the Kindergarten Program Statement published by Alberta Education; and
4. that my child cannot be enrolled in an Early Childhood Education Services (kindergarten) program while participating in the Reading Readiness@HOME program.

Signature of Supervising Parent or Legal Guardian _____

Date _____

Application Approved by Principal _____

Date _____

The information requested on this form is being collected pursuant to Section 33(c) of the F.O.I.P.P. Act. If you have any questions or concerns, please contact the F.O.I.P.P. coordinator at 46 Elma Street West, Okotoks, AB T1S 1J7 or telephone (403)938-2659/1-800-737-9383.