



## Making a Difference!

### Registration Form Checklist

A complete registration must contain the following:

- Complete registration form (Write N/A in sections where not applicable)
- Computer declaration form
- A copy of the student's most recent report card
- A copy of the student's birth certificate and baptismal certificate
- SENIOR HIGH STUDENTS – Signed Senior High course selection form
- A Picture of the student is highly recommended, but not required.

Send your documents to:

Holy Family CyberHigh  
P.O. Box 59  
McLennan, AB T0H 2L0  
FAX: (780) 324-3675

If you have any questions, please call our CyberHigh Office at (780) 324-3008.

Thank you for considering Holy Family CyberHigh!

Principal & Staff  
Holy Family CyberHigh



**Medical Information**

Please indicate all allergies, medication and serious health problems.

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alberta Health Care No.: \_\_\_\_\_

Child has been under the care of: \_\_\_\_\_ Speech/Language Therapist \_\_\_\_\_ Psychologist \_\_\_\_\_ Behaviour Specialist

Occupational/Physical Therapist \_\_\_\_\_ Glenrose Hospital/Others \_\_\_\_\_ Received School based Special  
Education Services

**\*\*Please provide a copy of specialist's report or medical reports that require close attention.**

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**SECTION B – PARENT INFORMATION**

Mother's/Legal Guardian's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's/Legal Guardian's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

The Student lives with:

\_\_\_\_ Father & Mother \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Independent \_\_\_\_ Mother & Step Father

\_\_\_\_ Father & Step-Mother \_\_\_\_ Other/Guardian \_\_\_\_ Grandparent(s)

Who has legal custody of the child? \_\_\_\_ Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_ Grandparent

**If legal custody is not the mother or father of the child, please provide legal documentation of appointment of guardianships.**

Is there anything we should know about the custody of this student? Please provide legal documentation.

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**If Student is Catholic, please provide certificate of Baptism:**

Baptized:  Yes  No Date:  Parish:

First Communion  Yes  No Date:  Parish:

Confirmation:  Yes  No Date:  Parish:

Reconciliation:  Yes  No Date:  Parish:

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**SECTION C – CATHOLIC SCHOOL DECLARATION**

I wish to have my child registered and I support the philosophy and objectives of the Holy Family Catholic Regional Division No. 37 and those of its schools. Pursuant to the School Act, religion of parents/guardians is required.

Father/Legal Guardian: Are you of the Catholic Faith?  Yes  No

\_\_\_\_\_  
Print Name Signature

Mother/Legal Guardian: Are you of the Catholic Faith?  Yes  No

\_\_\_\_\_  
Print Name Signature

Do you live in an area where a Catholic School District exists?:  Yes  No

If you have an interfaith marriage, please indicate the District or Division you declare this child to be a resident of:

Catholic School District or  Public School District

If you own your own home and have not filled out a SCHOOL SUPPORT NOTICE, please confirm your support with your municipal office.

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**SECTION D – ABORIGINAL STUDENT DECLARATION (Complete If Applicable or write N/A)**

If you wish to declare that your child is an Aboriginal person, please specify:

Status Indian/First Nations  Non-Status Indian/First Nations  Metis  Inuit

*Alberta Learning is collecting this personal information pursuant to section 33(c) of the 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. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 – 102 Street, Edmonton, AB T5J 4L5, (780) 427-8501.*

Does the student have treaty status:  Yes  No Does the student live on a reserve?  Yes  No

On which reserve does he/she live: \_\_\_\_\_

Does the student have Metis status:  Yes  No Does the student live in a settlement?  Yes  No

On which settlement does he/she live?: \_\_\_\_\_

Parent/Legal Guardian Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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**SECTION E – FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION (Complete If Applicable or write N/A)**

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.

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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 check one.)

Yes  No  Do not know

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

Yes  No

To exercise your Section 23 rights, you must enroll your child with the Northwest Francophone Education Region No. 1 – St. Isidore (780) 624-8554

Name of parent/legal guardian:

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

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**SECTION F – FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

The personal information requested on this form is being collected for the school registration process pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of student residency) and under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions or concerns regarding the collection and the intended purposes, please contact our Corporate Secretary for the Holy Family C.R.D. No. 37 at 10307 – 99St. Peace River, AB T8S 1R5. Phone 780 624-3956.

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**DECLARATION BY PARENT/LEGAL GUARDIAN**

I hereby certify the foregoing information to be true, correct and complete.

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Parent/Guardian Signature

Date of Registration

**Confirmation of registration will not be provided until all required documentation is received and processed.**

**Holy Family Cyberhigh  
Personal Computer Use and Textbook Agreement**

**Computers:**

Please select which of the following will apply to you.

I will use a Macintosh OS 10 computer (CD – ROM drive, 256, MB RAM, Safari, Preview)

I will use a Windows computer (Windows XP or higher, CD-ROM drive, 256 MB RAM, Sound card with speakers, Internet Explorer, Adobe Acrobat Reader)

I will use a different type of computer (may not be fully compatible with CyberHigh)

Recommended:

-A printer

-A word processor (eg: Microsoft Word, AppleWorks, TextEdit, Microsoft Works, Neo Office, etc.)

-Spreadsheet software (eg: Microsoft Excel, AppleWorks, Microsoft Works, Neo Office, etc.)

-A microphone

-Scanner or Fax machine.

**Internet Connection:**

Parents are responsible for providing and maintaining their students' Internet access during the school year:

I will be using a high speed connection (ADSL or Cable)

I will be using a dial-up connection (TELUS or other)

**Textbooks:**

Textbooks will be sent via Greyhound collect and textbooks and materials may be returned to Holy Family CyberHigh via Greyhound collect.

Which city/town would you like us to ship your books: \_\_\_\_\_

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**FOR OFFICE USE ONLY**  
**ACCEPTANCE OF REGISTRATION**

Resident Student: registration accepted.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

*Non-Resident Student: registration accepted if room and resources available.*

\_\_\_\_ room and resources available (Principal's initials).

\_\_\_\_ provisions have been made with Resident Board for Special Education Funding. (Principal's initials).

**High School Course Selections 2011 – 2012**

**Note:** Full-time students in each grade level need to select a minimum of: one English course, one Social course, one Math course, one Science (e.g. Science 10, Bio 20, Physics 30), a Religious Studies, and at least one option course (option courses are denoted by an asterisk \* and contain 5 modules, introductory to advanced: 1 module = 1 credit).

<b>Semester 1</b>		<b>Semester 2</b>		
<b>Grade 10</b>				
English 10-1		English 10-2		
Math 10C		Math 10-3		
Religious Studies 15		Social 10-1		
Science 10/14		Social 10-2		
Art 10		Photography*		
Phys. Ed 10		Phys. Ed 10		Or Full Year
		Wildlife Studies*		
<b>Grade 11</b>				
English 20-2		English 20-1		
Math 20-2		CALM		
Math 20 -1		Math 20-3		
Social 20-1		Science 24		
Social 20-2		Biology 20		
Chemistry 20		Physics 20		
Phys. Ed 20		Phys. Ed 20		Or Full Year
InfoPro – CommTech*		Religious Studies 25		
Art 20				
<b>Grade 12</b>				
English 30-1/30-2		English 30-1/30-2		
Social 30-1/30-2		Social 30-1/30-2		
Math 30 Pure		Math 30 Pure		
Math 30 Applied		Math 30 Applied		
Biology 30		Biology 30		
Chemistry 30		Chemistry 30		
Religious Studies 35		Physics 30		
Phys. Ed 30		Phys. Ed 30		Or Full Year
		Pathways to Mentoring*		
<b>Other Available Courses</b>		<b>(any grade level)</b>		
Special Projects		Special Projects		
Work Experience		Work Experience		
RAP (Reg Apprenticeship Prgm)		RAP		
Fashion Studies* (self-paced)		Fashion Studies* (self-paced)		
Food Studies* (self-paced)		Food Studies* (self-paced)		
Financial Management''*		Financial Management''*		
Tourism*		Tourism*		
Music in Private Study		Music in Private Study		

If you are planning on taking high school courses at another high school, indicate the name of the school and the courses you are taking: \_\_\_\_\_

Are you or do you plan on working? Yes No If so, how many hours? \_\_\_\_\_

If you are working, it is recommended that you enroll in Work Experience.