



Online Registration Form

Please fill out and **print** and **fax** to 403-335-9513 or **e-mail** to office@nsaschool.ca

Personal Information

Last name:	First:	Middle:	Alberta Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Canadian Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's First Name:	Father's First Name:	Legal Guardian: Mother <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>		Registered with Another school: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Alberta Learning ID # (if known):		Birthday (M/D/Y)
		City:	Province:	Postal Code:
Phone Number:	Work/Cell number: Mother: _____ Father: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	First language spoken:
Family Contact E-mail Address:		Grade:		

Previous Education

Last school attended	Address	City	Phone Number	Fax Number

Computer Information

Copy of Microsoft Office: Yes No

DVD Player: Yes No

Estimated Words per Minute: _____

Hours set aside for schooling: _____

Learning Difficulties: Yes No

Hours set aside for supervising: _____

Why this schooling: _____

***A copy of Microsoft Office 2003 or later is required**

I have read and agree to the personal information policy: Yes No



Course selection

Grades 5-9:

Grade 5		Grade 6		Grade 7	
Language Arts 5	<input type="checkbox"/> Yes	Language Arts 6	<input type="checkbox"/> Yes	Language Arts 7	<input type="checkbox"/> Yes
Social Studies 5	<input type="checkbox"/> Yes	Social Studies 6	<input type="checkbox"/> Yes	Social Studies 7	<input type="checkbox"/> Yes
Math 5	<input type="checkbox"/> Yes	Math 6	<input type="checkbox"/> Yes	Math 7	<input type="checkbox"/> Yes
Health/P.E 5	<input type="checkbox"/> Yes	Health/P.E 6	<input type="checkbox"/> Yes	Health/P.E. 7	<input type="checkbox"/> Yes
Bible 5	<input type="checkbox"/> Yes	Bible 6	<input type="checkbox"/> Yes	Bible 7	<input type="checkbox"/> Yes
Science 5	<input type="checkbox"/> Yes	Science 6	<input type="checkbox"/> Yes	Science 7	<input type="checkbox"/> Yes
Grade 8		Grade 9		All grade 5-9 courses are year-long. Please indicate the total number of courses your child will be taking from gr. 5-9: _____	
Language Arts 8	<input type="checkbox"/> Yes	Language Arts 9	<input type="checkbox"/> Yes		
Social Studies 8	<input type="checkbox"/> Yes	Social Studies 9	<input type="checkbox"/> Yes		
Math 8	<input type="checkbox"/> Yes	Math 9	<input type="checkbox"/> Yes		
Health/P.E 8	<input type="checkbox"/> Yes	Health/P.E 9	<input type="checkbox"/> Yes		
Bible 8	<input type="checkbox"/> Yes	Bible 9	<input type="checkbox"/> Yes		
Science 8	<input type="checkbox"/> Yes	Science 9	<input type="checkbox"/> Yes		

Grades 10-12:

Math (5 cr. each)		Social Studies (5 cr. each)	
Math 10C	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Social Studies 10-1	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Math 10-3	<input type="checkbox"/> Sem 2	Social Studies 10-2	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Math 20-1	<input type="checkbox"/> Sem 2	Social Studies 20-1	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Math 20-2	<input type="checkbox"/> Sem 2	Social Studies 20-2	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Math 20-3	<input type="checkbox"/> Sem 2	Social Studies 30-1	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Applied Math 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Social Studies 30-2	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Pure Math 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year		
Math 31	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year		
Science (5 cr. each)		English (5 cr. each)	
Science 10	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	English 10-1	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Science 14	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	English 10-2	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Science 24	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	English 20-1	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Biology 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	English 20-2	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Biology 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	English 30-1	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Chemistry 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	English 30-2	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Chemistry 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year		
Physics 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Other (Up to 5 cr. Each)	
Physics 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	CALM 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Physical Education (Up to 5 cr. each)		Creative Writing	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
P.E. 10	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	World Geography	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
P.E. 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Digital Photography	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
P.E. 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Foods 1010 & 1040	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Religious Studies (Up to 5 cr. each)		General Music 10	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Religious Studies 15	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	General Music 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Religious Studies 25	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	General Music 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Religious Studies 35	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Computers 10	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Work Experience (Up to 5 cr. each)		Computers 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Work Experience 15	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Special Projects 10	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Work Experience 25	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Special Projects 20	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year
Work Experience 35	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year	Special Projects 30	<input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/> Year

*HCS 3000 Workplace Safety Systems is required for WE 15



Financial Management (1 cr. each)				Tourism (1 cr. each)			
FIN 1010	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	TOU 1010	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Financial Information</i>				<i>The Tourism Industry</i>			
FIN 1020	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	TOU 1040	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Service Business 1</i>				<i>The Food Sector</i>			
FIN 1030	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	TOU 1070	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Service Business 2</i>				<i>The Attractions Sector</i>			
Community Health (1 cr. each)				Information Processing (1 cr. each)			
CMH 1010	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	INF 1030	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Family Dynamics</i>				<i>Word Processing 1</i>			
CMH 1060	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	INF 1050	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Home Care 1</i>				<i>Database 1</i>			
CMH 2010	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	INF 1060	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Adolescent Health Issues</i>				<i>Spreadsheet 1</i>			
CMH 3010	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	INF 1070	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Family Issues</i>				<i>Digital Presentation</i>			
CMH 3030	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year	INF 1910	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
<i>Aging</i>				<i>INF Project A</i>			
				INF 2020	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
				<i>Keyboarding</i>			
				INF 2050	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
				<i>Word Processing 2</i>			
				INF 2070	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
				<i>Database 2</i>			
				INF 2080	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
				<i>Spreadsheet 2</i>			
				INF 2090	<input type="checkbox"/> Sem 1	<input type="checkbox"/> Sem 2	<input type="checkbox"/> Year
				<i>Correspondence</i>			
				Please indicate the total number of courses your child will be taking from gr. 10-12: _____			



Payment

Alberta Residents

Registration: \$130.00(gr.10-12) \$120.00 (gr. 7-9) \$105.00 (Gr. 5-6)

Total number of core courses: _____ x 10= _____

Non-Alberta Residents

Tuition: \$330/3-cr. course; \$550/5 cr. course; gr. 10-12 - \$110/Cre.

Both Alberta and non-Alberta residents will be charged the cost of having their books shipped.

Computer rental: Yes No

Book Delivery: Mail Pick-up

Credit Card Payment:

Card Type: MasterCard VISA

Name on Card: _____

Card Number: _____

Agreement to cover tuition: Yes No

Expiry Date: _____

Agreement to cover books: Yes No

Credit Card Address: _____

Parent Signature: _____