



### Expression of Interest - CBE Home Education ☐ 2025-26 ☐ 2026-27

Student: \_\_\_\_\_ Grade entering \_\_\_\_\_ Birthdate: m \_\_\_ d \_\_\_ y \_\_\_ Age \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Both parents must agree to CBE Home Education. Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

#### Place an X in the box for the program of interest. Program Options (based on core subjects only)

<input type="checkbox"/>	<b>CBE Home Education Program – 100% Homeschooling</b> <input type="checkbox"/> Band (Gr. 6-9)
<input type="checkbox"/>	<b>Shared Responsibility with Bel-Aire School &amp; CBe-Learn - 100% CBE directed</b> <input type="checkbox"/> Group A Monday/Tuesday Gr. 1-5 or 6-9 Math/Science/PE/Art <input type="checkbox"/> Group B Wednesday/Thursday Gr. 1-5 or 6-9 Math/Science/PE/Art <input type="checkbox"/> Band (Gr. 6-9) <input type="checkbox"/> CBe-Learn online for ELA and Social Studies
<input type="checkbox"/>	<b>Shared Responsibility with Bel-Aire School - 50% CBE directed, 50% Homeschooling</b> <input type="checkbox"/> Group A Monday/Tuesday Gr. 1-5 or 6-9 Math/Science/PE/Art <input type="checkbox"/> Group B Wednesday/Thursday Gr. 1-5 or 6-9 Math/Science/PE/Art <input type="checkbox"/> Band (Gr. 6-9)
<input type="checkbox"/>	<b>Shared Responsibility with CBe-Learn online - 50% CBE directed, 50% Homeschooling</b> <input type="checkbox"/> CBe-learn Online Course Requests: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Band (Gr. 6-9)
<input type="checkbox"/>	<b>Shared Responsibility Bel-Aire School &amp; CBe-Learn - 75% CBE directed, 25% Homeschooling</b> <input type="checkbox"/> CBe-Learn online <input type="checkbox"/> ELA <input type="checkbox"/> Social Studies <input type="checkbox"/> Band (Gr. 6-9)

#### NEW to Home Ed and Within CBE:

\_\_\_\_\_  
Name of last CBE School

- ☐ Transfer form
- ☐ H.E. Notification form
- ☐ Registration Questionnaire
- ☐ Copy of last report card
- ☐ Copy of last IPP, assessments, etc(if applicable)
- ☐ Learning Plan

CBE ID No. \_\_\_\_\_

#### New and Outside CBE:

\_\_\_\_\_  
Name of last School

- ☐ CBE Registration
- ☐ Birth Certificate
- ☐ H.E. Notification Form
- ☐ Registration Questionnaire
- ☐ Copy of last report card
- ☐ Copy of last IPP, assessments, etc (if applicable)
- ☐ Learning Plan

#### CBE Home Education Renewal:

- ☐ H.E. Notification form
- ☐ Learning Plan

For Office Use Only	Initials and Date Completed	Initials and Date Completed
Added to PS		Address Verification
Acceptance Letter sent		File Requested

Facilitator: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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: \_\_\_\_\_ 3. Gender: \_\_\_\_\_ 4. Registration Date: \_\_\_\_\_  
(mm / dd / yyyy) (M/F/X) (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)(t) 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.



## Registration Questionnaire



Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email and phone: \_\_\_\_\_

- ☐ I have read the Alberta Education Home Education Handbook and understand my role and responsibility in Homeschooling as the Primary Teacher.
- ☐ I have attended a CBE Home Education Information Session or Tour.
- ☐ I confirm my child is at or above grade level and requires no one-to-one support in the classroom (if applying to Shared Responsibility program).
- ☐ I understand that the CBE Shared Responsibility program is Fast Paced and Accelerated program that covers AB Education's Science & Math Curriculum in 2 days a week for 35 weeks.

1. Describe your child's schooling/learning program up until this year?

2. Why do you feel CBE homeschooling is a good option for your child?

3. Has your child ever received individual support outside of the classroom or participated in a learning support program? If so, please explain.



4. Has your child been identified with a learning or medical need, a clinical diagnosis, or a psycho- educational assessment that would impact schooling? If yes, please explain and provide a copy of the IPP and/or assessment. Please also advise if attendance has been a struggle for your child.

5. Has your child ever struggled with emotional regulation? Please describe the strategies required in the classroom.



6. Are you planning to be away from your permanent address for any extended period of time during the school year? If yes, please explain.

7. Our Shared Responsibility program is a fast-paced accelerated program. To cover the Alberta program of Studies in 2 days, students must be able to be autonomous learners in the classroom and work at a quick pace. According to Alberta Education standards, please advise what is the grade level of your child, and what, if any challenges your child has with literacy/numeracy skills.

Literacy Grade Level \_\_\_\_\_

Numeracy Grade Level \_\_\_\_\_

8. TIPS for TEACHERS at Bel-Aire School (if your child is going into the Shared Responsibility Program) – Please describe how your child learns best? What strategies would you recommend to your child's teacher to ensure that your child has a great day at Bel-Aire School? If your child is struggling emotionally or academically, how might they present in the school environment?



# Transfer Request Form ECS-Grade 9 Schools & Early Development Centres

**Note** | If the student is **new** to CBE a Student Registration Form must be completed. New students *do not* complete a transfer form.

## When to Use this Form

- a** | requesting a transfer to the new designated school, due to an address change (proof of address is required)
- b** | requesting a transfer to an out of attendance area school
- c** | requesting a transfer to an alternative program school, other than the identified designated alternative program school
- d** | requesting a transfer to the designated school from an alternative program school or out of attendance area school
- e** | an Early Childhood Services (ECS) child seeking to register for Grade 1 at an out of attendance area school

## Instructions

- 1 | Read the Additional Information section below.
- 2 | Parent / Legal Guardian or Independent Student **must** complete Page 2 of the Transfer Request.
- 3 | If this is for an address change, refer to the [Transferring Between CBE Schools](https://cbe.ab.ca/transferring-between-cbe-schools) webpage at cbe.ab.ca for accepted proof of address to provide to your **current** school, along with this form.  
  
***The next steps are not required if transfer is due to an address change.***
- 4 | Parent / Legal Guardian or Independent Student set-up meeting with **current** or **designated** school Principal / Assistant Principal to discuss the transfer request.
- 5 | **Signature** of the Principal / Assistant Principal of the **current** or **designated** school must be obtained on the form before proceeding to the next step. The **current** or **designated** school will take a copy of the signed form.
- 6 | Parent / Legal Guardian or Independent Student set-up meeting with **requested** school. Take this completed original Transfer Request Form to the meeting.
- 7 | Once a decision is made, the Principal / Assistant Principal of the **requested** school will complete the Requested School section and send a copy to the **current** and/or **designated** school.

## Additional Information (not applicable to address change requests)

- **Signature** of Principal / Assistant Principal of **current** or **designated** school:
  - indicates they are aware of this transfer request and it has been discussed with the parent / legal guardian; and
  - *does not* indicate approval of transfer.
- Transfer requests will follow the procedures in [Administrative Regulation 6091 | School Transfers](#).
- Transfers for out of attendance area students are for the current year only and will be reviewed on an annual basis.
- The following will only be considered in exceptional circumstances and then only if the **requested** school / grade has sufficient space and resources to accommodate the student and their educational needs:
  - peer group support; or
  - transportation.
- Notwithstanding the above, transfer requests that will result in the reversal of a re-designation made by CBE will not be accepted. This means that if there are changes to CBE designation areas that impact where the student is designated, students cannot transfer to the previously-designated school.

**Questions** | Please contact your current school for further information and assistance.

# Transfer Request Form ECS-Grade 9 Schools & Early Development Centres

- ☐ Address Verification  
☐ Medical Concerns  
☐ Custody

Please refer to page 1 before completing form. To be completed by the Parent / Legal Guardian or Independent Student.

Student Name (Last Name, First Name, Middle Initial)		CBE Student ID #	Date of Birth (YYYY/MM/DD)
Student Address (with Postal Code) If this is an address change request, please write your old address.			
Learning Need Code (ELL and/or Special Education) <input type="checkbox"/> No <input type="checkbox"/> Yes (state): _____		Current School	
Current Grade		Current Grade	
Designated School		Requested School	
Requested Grade		Requested Grade	
Parent / Legal Guardian Name		Parent Address (if different from student)	
Parent Home Phone	Parent Business Phone	Parent Cell Phone	Parent Email Address
Reason for Transfer Request: New address ( <a href="#">proof required</a> ): _____ Education Program (specify): _____ Other (specify): _____			
I, as a Parent / Legal Guardian, acknowledge that: a) this request will not necessarily result in the student's transfer to the requested school; b) all out of attendance area enrolments are reviewed annually and could result in returning to the designated school; and c) the request will be considered with regard to enrolment priorities set out under the <i>Education Act</i> and the administrative regulations of The Calgary Board of Education.			
Signature of Parent / Legal Guardian			
Date the Transfer Request was discussed with the Principal / Assistant Principal of the <b>current/designated</b> school (YYYY/MM/DD)			
Name of Principal / Assistant Principal of <b>current/designated</b> School		Signature of Principal / Assistant Principal of <b>current/designated</b> school	
The current school prints the <i>Student Demographics Verification Form</i> , has the Parent / Legal Guardian update it, and then attaches it to this form.			
<b>Authorization for Collection of Personal Information</b> Personal information contained on this form is collected under the authority of the Alberta's <i>Freedom of Information and Protection of Privacy Act (FOIP)</i> , and the <i>Education Act</i> and its regulations. The information will be used for the purpose of student registration. If you have any questions regarding the collection of this information, contact the <b>current</b> school Principal.			

To be completed by **requested school**.

<input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Records Requested <input type="checkbox"/> Notified Current and/or Designated School	
Name of Principal / Assistant Principal of <b>requested</b> School	
Signature of Principal / Assistant Principal of <b>requested</b> School	Date (YYYY/MM/DD)