



HOME EDUCATION REGULATION A.R. 89/2019

NOTIFICATION FORM FOR HOME EDUCATION PROGRAM
NOT SUPERVISED BY A SCHOOL AUTHORITY
Education Act, Section 20

The personal information on this form is collected pursuant to sections 33(a) of Freedom of Information and Protection of Privacy Act (FOIP) by virtue of Sections 1.1 of the Home Education Regulation and 33(c) of FOIP as the information is directly related to and necessary for administering home education programs that are not supervised.

The information is collected, used and disclosed for the purposes of notifying Alberta Education that a parent/guardian intends to provide a home education program that is not under the supervision of an associate board or associate (independent) private school, and to allow the administration of these home education programs by Alberta Education, including any applicable investigations under the Home Education Regulation (AR 89/2019). This information is also collected, used and disclosed, as required, for the operation of Alberta Education programs and activities, which may include registration for myPass, identity authentication, and communications relating to myPass services, delivering services, maintaining records and sharing information to school authorities as necessary.

The information may also be used to conduct statistical, evaluative, financial analyses relating to home education programs that are not under the supervision of an associate board or associate independent (private) school. This information will be treated in accordance with the Freedom of Information and Protection of Privacy Act, the Education Act, and the Home Education Regulation, as applicable. 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).

The choice for a parent to provide a home education program that is not supervised by an associate board or associate (independent) private school is available on September 1, 2020 and only applies to students that are residents of Alberta.

I am notifying Alberta Education that I, \_\_\_\_\_, (parent/guardian name) will be providing a home education program that is not under the supervision of an associate board or associate (independent) private school to \_\_\_\_\_ (legal student name) for the \_\_\_\_\_ (e.g., 2020/21) school year in accordance with the Home Education Regulation.

This form is to be used for mailed only submission.

Submission of Notification date: \_\_\_\_\_ (mm / dd / yyyy)

PART A Student Information

1. Alberta Student Number (ASN): \_\_\_\_\_

2. Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal Suffix: \_\_\_\_\_

3. Preferred First Name: \_\_\_\_\_ Preferred Middle Name: \_\_\_\_\_

Preferred Last Name: \_\_\_\_\_ Preferred Suffix: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ (mm / dd / yyyy)

5. Gender: \_\_\_\_\_ (M/F/X)



6. Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

7. Student Mailing Address:  
Street address or legal description:  
\_\_\_\_\_  
\_\_\_\_\_  
Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

9. Resident School Board:  
\_\_\_\_\_  
\_\_\_\_\_

10. Canadian Citizenship:  
Check only one:  
 Student is a Canadian citizen  
 Student is not a Canadian citizen

11. Student Identity Document:  
Verification of identity is required to protect the privacy of the student. Please attach a copy of one of the following:

- Birth Certificate within Canada
- Canadian Citizenship or Passport
- Alberta Identification Card
- Alberta Change of Name certificate
- Alberta Driver's/Operator's License
- Canadian Birth Certificate
- Canadian Certificate of Indian Status
- Canadian Citizenship Card
- Canadian Citizenship Certificate
- Canadian ID Card
- Canadian Change of Name Certificate
- Canadian Driver's/Operator's License
- Canadian Passport
- Canadian Permanent Residence Card
- Canadian study permit
- Canadian Temporary Resident Visa
- Canadian Work Visa
- Consulate Visa
- Confirmation of Permanent Residence Document
- Treaty Card



## Part B Parent/Guardian Information

Contact information of the student's parent(s) / guardian(s) as defined in the **Education Act**, Section 1(1):

1. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_
2. Relationship to Student: \_\_\_\_\_
3. Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work phone number (and extension if applicable):  
(\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_
4. Parent Address:  
 Same as Student (check box if applicable)  
Street address or legal description:  
\_\_\_\_\_  
Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
5. Parent/Guardian Identity Document:  
Verification of identity is required to protect the privacy of the parent/guardian. Please attach a copy of one of the following:
  - Birth Certificate within Canada
  - Canadian Citizenship or Passport
  - Alberta Identification Card
  - Alberta Change of Name certificate
  - Alberta Driver's/Operator's License
  - Canadian Birth Certificate
  - Canadian Certificate of Indian Status
  - Canadian Citizenship Card
  - Canadian Citizenship Certificate
  - Canadian ID Card
  - Canadian Change of Name Certificate
  - Canadian Driver's/Operator's License
  - Canadian Passport
  - Canadian Permanent Residence Card
  - Canadian study permit
  - Canadian Temporary Resident Visa
  - Canadian Work Visa
  - Consulate Visa
  - Confirmation of Permanent Residence Document
  - Treaty Card



## Part C Declaration by Parent/Guardian

I, \_\_\_\_\_, (parent/guardian name) confirm that I am the parent/guardian of  
\_\_\_\_\_ (legal student name).

I confirm, to the best of my knowledge, that the home education program and the activities I have selected for the home education program will enable the student to (check only one):

- achieve the outcomes contained in the Alberta programs of study.
- achieve the outcomes contained in the Schedule included in the *Home Education Regulation*.

I agree to all the following conditions:

- I am choosing to provide a home education program that is not under the supervision of an associate board or associate (independent) private school and that the development, administration, management of the home education program is my responsibility.
- The instruction and evaluation of the student's progress towards the applicable outcomes is my responsibility.
- I am not eligible to receive any home education funding for the student from Alberta Education.
- The Director, as defined in the *Home Education Regulation*, may conduct an investigation if the Director has reason to believe the home education program I am providing is not in accordance with the *Home Education Regulation* or does not provide the student with a reasonable opportunity to achieve the applicable outcomes. During an investigation, an investigator may collect, directly or indirectly, use and disclose information, including personal information, for the purposes of the investigation.
- There may be implications to choosing a home education program that is not under the supervision of an associate board or associate (independent) private school or does not follow the Alberta programs of study, including:
  - the student may not apply to a high school principal for high school credits;
  - the student may not receive an Alberta High School Diploma; and
  - the student may not necessarily be placed at the same grade level if the student registers in another school.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ (mm / dd / yyyy)

**Please save this form before printing.**

**You must submit by mail only the signed and completed form including a copy of the required identity documents.**

**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)