

ALBERTA DISTANCE LEARNING CENTRE

Box 4000 Barrhead, AB T7N 1P4

School-Aged Registration Form for Alberta Residents

Students must be 19 years of age or younger on September 1 of current school year.

Application may be faxed to ADLC:

- Barrhead: 780-674-4712
 - Calgary area schools: 403-290-0978
 - Edmonton area schools: 780-427-3850
 - Lethbridge area schools: 403-327-2710
- * Need HELP? Toll-free 1-866-774-5333 ext. 5360

For Office Use Only

File Number _____

Date _____ Input by _____

Receipt No. _____ Page **1** of _____

ASN (Alberta School Number) _____	ADLC File Number (If Previously Enrolled) _____	Sex (M/F) _____	Date of Birth (Birth Certificate Required for first time registrants) (eg. 21/JUL/1993) Day _____ Month _____ Year _____	Current Grade _____
Legal Name (Name on Birth Certificate) Surname _____		First Name _____		Middle Name _____
Also Known As (Name you would like to be called by, or married name) Surname _____		First Name _____		
Alberta Address Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province Alberta Postal Code _____ Country Canada			Student's Contact Information Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____ Reach Student at <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work	
Proof of Citizenship (Documentation Compulsory) Is the student a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check one of the following: <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Student Authorization — Visa number: _____ Visa Expiry Date: _____ <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/> Child of an Individual lawfully admitted to Canada for permanent or temporary residence <input type="checkbox"/> Other: _____			Special Condition (eg. learning disability, ADHD) <input type="checkbox"/> Yes <input type="checkbox"/> No K & E Student <input type="checkbox"/> Yes <input type="checkbox"/> No I.P.P. <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Special Exam Accommodations <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation Additional comments: To help us serve you better: _____ _____	

Course Information: FRC Robotics Level - 1

<u>Subject</u>	<u>Course Code</u>	<u>Prerequisite</u>	<u>Online</u>	<u>Tuition Resources</u>	<u>Total Fees</u>
Robotics 1	ELT 1130	None	Yes	None	None
Robotics Applications	ELT 1140	ELT 1130	Yes	None	None
Electro-Assembly 1	ELT 1010	None	Yes	None	None
Control Systems 1	ELT 1080	ELT 1010	Yes	None	None
ELT Project A	ELT 1910	ELT 1010 & ELT 1130	Yes	None	None
Structured Programming 1	CSE 1110	None	Yes	None	None

STUDENT MUST BE REPORTING TO SCHOOL CODE: 0099

Applicant Agreement: (For students under 16 years of age, a parent or legal guardian's signature is required.) I accept all conditions that appear in the Course Information Guide. I agree to allow ADLC staff to disclose information of my or my child's progress to appropriate agencies supervising my or my child's distance education program. I am responsible for the return of any refundable item(s).

Signature _____

Applicant or Parent / Legal Guardian (Please print.) _____

Contact Person at Home _____

Phone _____

E-mail _____