



- New Family – See Below for forms required**
- Renewal – Forms Required - HE Notification and Expression of interest**

Expression of Interest - CBE Home Education 2020 - 2021

Student: _____ **Grade entering** ____ **Birthdate:** m__d__y__ **Age** _____

Parent: _____ **Parent Signature:** _____ **Date:** _____

Parent Phone: _____ **Parent Email:** _____

- Parent Led Classes: _____
- Windsor Park Classes:
 - Group A: Monday / Tuesday (Gr. 1-5 or 6-9 Math/Science/PE/Art)
 - Group B: Wednesday / Thursday (Gr. 1-5 or 6-9 Math/Social Studies/PE/Art)
- Grade 6-9 online Class Requests: _____

Place an X in the box for the program of interest.

Program Options (based on core subjects only)	% (CBE / parent)
Parent Directed Program	0 / 100
Teacher-led @ Windsor Park (2 courses) + Parent led (2 courses)	50 / 50
Teacher-led online (2 courses) + Parent- led (2 courses)	50 / 50
Teacher-led @ Windsor Park (1 course) + Teacher-led online (1 course) + Parent led (2 courses)	50 / 50
Teacher-led @ Windsor Park (2 courses) + Teacher led online (1 course) + Parent led (1 course)	75 / 25
Teacher-led @ Windsor Park (2 courses) + Teacher led online (2 courses)	100 / 0

<p><u>NEW to Home Ed and Within CBE:</u></p> <p>_____</p> <p style="text-align: center;">Name of last CBE School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transfer Form <input type="checkbox"/> H.E. Notification Form <input type="checkbox"/> Registration Questionnaire <input type="checkbox"/> Copy of last report card <input type="checkbox"/> Copy of last IPP, assessments, etc (if applicable) <input type="checkbox"/> Concurrent online <input type="checkbox"/> Learning Plan <p>CBE ID No. _____</p>	<p><u>New and Outside CBE:</u></p> <p>_____</p> <p style="text-align: center;">Name of last School</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBE Registration <input type="checkbox"/> Birth Certificate <input type="checkbox"/> H.E. Notification Form <input type="checkbox"/> Registration Questionnaire <input type="checkbox"/> Copy of last report card <input type="checkbox"/> Copy of last IPP, assessments, etc (if applicable) <input type="checkbox"/> Concurrent online <input type="checkbox"/> Learning Plan
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For Office Use Only	Initials and Date Completed	Initials and Date Completed
Added to PS		Address Verification
Copy to Facilitator/AP		Custody
Acceptance Letter sent		Medical
Online forms		File Requested

Facilitator: _____ **Principal's Signature:** _____ **Date:** _____