

Appendix 2: Expression of Interest Form

Legal name of the school:													
Address:													
City:							Province:						
Postal Code/ZIP:							Country:						
Phone number:							Email:						
Full legal name of owner/operator:													
Owner/operator information (please provide a brief description of the owner/operator, including their history/expertise in operating a school):													
School plans (please provide a brief description):													
Does the owner have local approval to operate an international program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress (please explain)													
Why does the owner/operator want to open an Alberta accredited international school?													
Grades that will be offered at start up in the Alberta program and anticipated number of students enrolled (indicate number of students):													
K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number of full-time Alberta or Canadian certificated teachers planned for the Alberta accredited international school:													
Has the owner recently applied, or are they currently in the process of applying, to become an offshore school with any other jurisdictions? If yes, please explain:													
Submitted by (name/role/contact information):													

Submit: edc.aais@gov.ab.ca