



## NEW STUDENT APPLICATION FORM

Photo

APPLICATION CHECKLIST
<ul style="list-style-type: none"> <li><input type="checkbox"/> Application form and Application Fee</li> <li><input type="checkbox"/> Recent photo of student (attach to p.1 of application)</li> <li><input type="checkbox"/> Confidential Teacher Observation form (teacher to send directly to school)</li> <li><input type="checkbox"/> Copy of student's report cards for last 2 years</li> <li><input type="checkbox"/> Authorization to obtain records from previous school (p.4)</li> <li><input type="checkbox"/> Copy of birth certificate</li> <li><input type="checkbox"/> Interview with Head of School</li> <li><input type="checkbox"/> Assessment day at Alexander Academy</li> <li><input type="checkbox"/> Status of Parent / Guardian (p.3)</li> </ul>

STUDENT INFORMATION		
First & Middle Names	Last Name (family name)	Nickname, if applicable
Date of Birth (YYYY/MM/DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship
First Language	Other Languages, if applicable	Requested Entry Grade <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Student's Email	Student's Telephone Number	Requested start date
Street Address		City
Province	Country	Postal/ZIP Code

FAMILY INFORMATION			
Parent #1			
First Name	Last Name (family name)	Home phone	
Street Address		City	
Province	Country	Postal/ZIP Code	Relationship to Student
Parent email		Parent cell phone	
Occupation		Employer	
Work address		Work phone	

Parent # 2		
First Name	Last Name (family name)	Telephone
Street Address , if different from Parent #1		City

Province	Country	Postal/ZIP Code	Relationship to Student
Parent email		Parent cell phone	
Occupation	Employer		
Work address	Work phone		
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> parent 1 only <input type="checkbox"/> parent 2 only <input type="checkbox"/> Guardian or Host parent			

### PREVIOUS SCHOOL INFORMATION

School Name	City, Country	Grades attended
School Name	City, Country	Grades attended
School Name	City, Country	Grades attended

### LEGAL RESIDENCY OF PARENT

This form must be signed by a parent or legal guardian. ***If you are a court-appointed guardian, you must attach documentation authorizing guardianship.***

At least one parent or court appointed Legal Guardian resides in Canada at the address stated on the application form and is a :

- A Canadian Citizen     
 Permanent Resident     
 On a Work Visa  
 Refugee Claimant     
 On a Student Visa of more than 2 yrs

If you were born outside Canada, please attach photocopy of proof of above status.

### SPECIAL CONSIDERATIONS / OTHER INFORMATION

Does the student require or have previous documentation of any of the following?	Student Learning Plan (SLP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure
	Individual Education Plan (IEP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure
	Documentation of custodial parent or legal orders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure
	Support Services (e.g. speech and hearing tests, psychometric testing, counselor reports)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure
	Currently receiving medical attention.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	If yes, please describe: _____			
	Is taking prescribed medication.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	If yes, please describe: _____			
	Has physical challenges	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	If yes, please describe: _____			
Is receiving psychological assistance.	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If yes, please describe: _____				
Additional information: _____				
_____				
_____				

**PAYMENT OF FEES**

Fees are payable in accordance with the Schedule of Fees and are non-refundable. Upon admittance to the school, students are committed to remain enrolled for the full academic year and if parents/guardians withdraw a student during the academic year, they are liable for the full year's tuition for that student.

**Limitations:**

Please see full payment and refund policy for details.

I have read, understood and agree to the terms of payment of fees to the school. Upon acceptance of my child into the school, I agree to pay tuition and activity fees as required.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CODE OF CONDUCT**

Alexander Academy has pride in its school, students, faculty, and staff. Our goal is to provide a safe and nurturing learning environment for all members of the school community. We expect our students and parents to demonstrate care and respect for the safety and well-being of others, and to maintain integrity in their studies. This includes adherence to the full Code of Conduct as well as standards of academic honesty. In serious and/or persistent cases of misconduct, the Academy reserves the right to remove a student from classes and/or require that a student withdraw, at any time during the school year, without eligibility for a refund of tuition fees.

I understand and support the Academy's standards of academic honesty and respect for the well-being of all other members of the school community.

**Unacceptable Behaviors, Dismissal & Dress Code**

All students are expected to abide by the rules and expectations of the school. The school will make every reasonable effort to inform the parent in areas of concern early on and give the student an opportunity to improve and correct his/her behavior. Such unacceptable behaviors include but are not limited to: threatening the safety and well-being of fellow students, faculty and staff; possession or association with drugs; multiple offenses of smoking or drinking alcohol; serious absenteeism from classes or activities; and actions causing damage to the school's reputation. Students should be groomed and dressed neatly in uniform for school.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

**TECHNOLOGY POLICY***Laptop/Device Policy*

The Alexander Academy laptop/device policy is an addendum to Alexander Academy's Acceptable Use of Internet Policy.

To attend Alexander Academy, students are required to come to school equipped with one of the following options: iPad, Windows laptop, or Apple laptop.

PARENT: I have read the Alexander Academy "Policy for the Acceptable Use of the School Computer Network and Internet." I understand that network services are intended for educational purposes. I understand that any other use is in violation of the Acceptable Use Policy and subject to remedial action on the part of the school.

Alexander Academy has taken reasonable precautions to eliminate inappropriate material from its network systems. However, I also recognize it is impossible for the school to restrict access to all inappropriate materials that exist outside its network.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER**

I/we hereby give consent for Alexander Academy to request all confidential school records pertaining to my child from their previous school. These records are necessary to providing appropriate assessments, programming, and services for my child, and will become part of their permanent record at Alexander School if he/she is accepted.

I/we the parents,

- a. declare that the information submitted in this application and all supporting documentation is true and complete
- b. authorize Alexander Academy to verify the information submitted with the application, and the authenticity of all supporting documentation
- c. agree to provide the applicant with the prescribed uniform
- d. agree to provide the applicant with an iPad / laptop for use at school
- e. agree to provide proof of private Medical Insurance coverage or BC Care Card number and immunization records
- f. agree to support the rules and policies of Alexander Academy
- g. agree to give full disclosure at the time of application, of all confidential information; educational evaluations, psychological assessments, or special medical needs relevant to our child's application
- h. agree to be responsible for paying all fees related to enrolment at Alexander Academy

Signature of PARENT

Date

## REFUND POLICY

### All Students

1. All fees are non-refundable except tuition fees.
2. Refunds will be granted only upon written request of withdrawal.
3. Eligibility for a refund will be determined by the date written request of withdrawal is received by the Academy.
4. Refunds will be processed under the name of the student's parent unless an alternate request is submitted by the parent in writing.
5. Students who have been issued official school letters (Letter of Acceptance, Confirmation of Enrolment Letter, etc.) are not eligible for a tuition refund, even if the original document is returned to the Academy.
6. Requests for refund will be processed after all required supplementary documentation has been submitted.
7. Approved refund requests are processed within four to six weeks.
8. An administration fee of \$300.00 is levied on all refunds. This fee will be deducted from the total amount refundable.
9. No refund will be granted if parents fail to disclose medical needs, special learning needs or behavioural considerations prior to student's acceptance.

### International Students

International students who have been issued an official Letter of Acceptance from Alexander Academy are not eligible for a refund, unless the student study permit application has been denied by Citizenship and Immigration Canada.

In the event of a Study Permit application denial, only prepaid tuition fees will be refunded. The application and activity fees, and tuition deposit are non-refundable. An administration fee of \$300 will be applied to any refunds requested by wire transfer and will be deducted from the eligible refund amount. To receive a refund of tuition, the following documents must be submitted:

- Written request of withdrawal
- Proof of study permit denial by *Citizenship and Immigration Canada* or, *Government of Canada - High Commission of Canada*
- 'Request for Refund' form

### Continuing Students and Domestic Students

All continuing students (re-enrolling students) pay a \$2,000 deposit on tuition to guarantee a seat in the next year. This portion of the tuition is not refundable.

Students are eligible for a 50% refund less the application and activity fees and tuition deposit provided that the request for withdrawal is received by the Academy a minimum of 30 calendar days prior to the commencement of classes and no Letter of Acceptance or Confirmation of Enrolment letter has been issued.

If the request for withdrawal is 29 or fewer calendar days before the commencement of classes, the student is not eligible for any refund of tuition fees. Refunds (partial or full) are applicable only to the tuition fees. Application and activity fees and tuition deposit are not refundable.

Signature of STUDENT	Date
Signature of PARENT	Date

**AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS**

To: \_\_\_\_\_  
(name of current school)

I, \_\_\_\_\_, the parent / legal guardian of \_\_\_\_\_,  
(full name of parent/guardian) (full name of student)

hereby authorize and direct you to provide Alexander Academy with any information or copies of documents from my child's / ward's educational records in your possession or control.

Signature of parent/guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Please forward requested information to:  
Alexander Academy  
688 West Hastings Street, Suite 200  
Vancouver, BC V6B 1P1**

### PAYMENT AUTHORIZATION FORM

I wish to submit a payment in the amount of \$\_\_\_\_\_ to Alexander Academy.

Student Name: \_\_\_\_\_

Student ID # (if known) \_\_\_\_\_

Method of payment: **Credit Card**

Card Type:     Visa             MasterCard     American Express

Credit Card #:               

Expiry Date:    /            CVV Code (3 digit code on back of card):   

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_