

## NEW STUDENT APPLICATION FORM

Photo	APPLICATION CHECKLIST	
	Domestic	International
	<input type="checkbox"/> Registration form and Application Fee <input type="checkbox"/> Recent photo of student (attach to p.1 of application) <input type="checkbox"/> Confidential Teacher Observation form <input type="checkbox"/> Copy of report cards for last 2 years <input type="checkbox"/> Parent/guardian/custodian declaration form (if applicable) <input type="checkbox"/> Medical Information form <input type="checkbox"/> Authorization to obtain records from previous school <input type="checkbox"/> Copy of birth certificate <input type="checkbox"/> Interview with Head of School	<input type="checkbox"/> Registration form and Application Fee <input type="checkbox"/> Recent photo of student (attach to p.1 of application) <input type="checkbox"/> Confidential Teacher Observation form <input type="checkbox"/> Parent/guardian/custodian declaration form (if applicable) <input type="checkbox"/> Medical Information form <input type="checkbox"/> Official transcript or report card for last 2 years, with English translation, if applicable <input type="checkbox"/> Copy of birth certificate <input type="checkbox"/> Copy of passport <input type="checkbox"/> Study Permit <input type="checkbox"/> Interview with Head of School

STUDENT INFORMATION		
First Name	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
Student's Email	Student's Telephone Number	Entry Semester <input type="checkbox"/> Sem. 1 (Sept) <input type="checkbox"/> Sem. 2 (Feb)
Street Address		City
Province	Country	Postal/ZIP Code

FAMILY INFORMATION			
Parent #1			
First Name	Last Name (family name)	Telephone	
Street Address		City	
Province	Country	Postal/ZIP Code	Relationship to Student
Parent email			Parent cell 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	
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			
Please complete if child living with: <input type="checkbox"/> Homestay <input type="checkbox"/> Legal Guardian or has an <input type="checkbox"/> English speaking contact			
First Name	Last Name (family name)	Telephone	Cell phone
Street Address		City	
Province	Country	Postal / Zip Code	Relationship to student
Email			

PREVIOUS SCHOOL INFORMATION		
School Name	City, Country	Grades attended
School Name	City, Country	Grades attended
School Name	City, Country	Grades attended

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: _____				
_____				
_____				

AGENT INFORMATION, if applicable		
Agency Name	Contact Person	Telephone
		Email

HOMESTAY
Do you wish to have Homestay accommodation or do you require legal guardianship while studying at Alexander Academy?
<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide an email address to which you would like Homestay information sent. This email address will be shared with

First Choice International Placement [www.fciplacement.com](http://www.fciplacement.com) solely for the purpose of arranging the Homestay placement or guardianship arrangement.

Email: \_\_\_\_\_

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

### LEGAL RESIDENCY OF PARENT

This form must be signed by a parent or legal guardian. If you are a legal 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      ☐ On a Student Visa of more than 2 yrs  
☐ Refugee Claimant      ☐ requesting guardianship with First Choice International Placement

Please attach photocopy of proof of above status.

### 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 semester and if parents/guardians withdraw a student during the semester, they are liable for the full semester's tuition for that student. If a student wishes to withdraw for a subsequent semester, a written request must be received by the administration office a minimum of one month prior to the start of the next semester.

#### Limitations:

International students who obtain a letter of acceptance from Alexander Academy are not eligible for a refund.

Exceptions may only be made in the instance that a student is denied Study Permit authorization by Citizenship and Immigration Canada (CIC). A student may choose to defer their admission to a later date, or provide original evidence of their study permit refusal. Provided that a written request for a refund and acceptable evidence of study permit refusal are submitted before the first day of classes, a refund of 100% tuition fees less the application fee is permitted.

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.

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

- declare that the information submitted in this application and all supporting documentation is true and complete
- authorize Alexander Academy to verify the information submitted with the application, and the authenticity of all supporting documentation
- agree to provide the applicant with the prescribed uniform
- agree to provide my student with a personal laptop starting September 2014
- agree to provide proof of BC residency and citizenship or legal status of parent or legal guardian
- Agree to provide proof of private Medical Insurance coverage or BC Care Card number and immunization records
- Agree to support the rules and policies of Alexander Academy
- 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

- i. Agree to be responsible for paying all fees related to enrolment at Alexander Academy

Signature of PARENT #1	Date
Signature of PARENT #2	Date

### AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

To: \_\_\_\_\_  
(name of 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**