



## NEW STUDENT APPLICATION FORM

Photo

### APPLICATION CHECKLIST

- ☐ Application form and Application Fee
- ☐ Recent photo of student (attach to p.1 of application)
- ☐ Confidential Teacher Observation form (teacher to send directly to school)
- ☐ Copy of student's report cards for last 2 years
- ☐ Authorization to obtain records from previous school (p.4)
- ☐ Copy of birth certificate
- ☐ Interview with Head of School
- ☐ Assessment day at Alexander Academy
- ☐ Status of Parent / Guardian (p.3)

### 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

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: _____				
_____				
_____				

**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.

**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.

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 the applicant with an iPad for use at school
- 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
- 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 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**