

SUMMER SCHOOL REGISTRATION FORM 2016

SUMMER SCHOOL AT ALEXANDER ACADEMY

Monday, July 4 – Friday, August 5, 2016
(no class Monday, August 1st)

LANGUAGE REQUIREMENT

All international students will be required to demonstrate language proficiency through previous academic achievement **and** language assessment on or before June 30th. Minimum requirements are:

GRADE 10 COURSES

B2 LEVEL

GRADE 11 & 12 COURSES

C1 LEVEL

REGISTRATION CHECKLIST

- Completed Registration form
- Copy of student's most recent report card
- Copy of birth certificate or passport
- Copy of study permit (for international students)
- Fee payment

Registration can be submitted in person, or by email to summerschool@alexanderacademy.ca or by fax to 604.687.8872 Please complete the payment authorization form if faxing or emailing.

COURSE SELECTION

Class Time	Course name	Supply Fee
8 am – 12 pm	Communications 12	\$100 (refundable)
8 am – 12 pm	English 11	\$100 (refundable)
8 am – 12 pm	English 12	\$100 (refundable)
1 pm – 5 pm	Foundations of Math & Pre-Calculus 10	\$100 (refundable)
8 am – 12 pm	Pre-Calculus 11	\$40
1 pm – 5 pm	Pre-Calculus 12	\$40

Course Fees:

\$1000 – returning or domestic students

\$1200 – new international students

****All classes are subject to sufficient enrolment. Cancellations will be announced one week prior to start of classes.**

*** AM classes are 8 am – 12 pm / PM classes are 1 pm – 5 pm**

***Students are permitted to take one course only.**

COURSE REQUESTED

Course Name:

Class Time:

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
Student's Email	Student's Telephone Number	Personal Education Number (PEN)
Mailing Address (& apartment #)	City	Postal Code

FULL-TIME SCHOOL INFORMATION

School Name	City	Last Grade attended
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FAMILY INFORMATION AND EMERGENCY CONTACT

 Parent Guardian Other _____

First Name	Last Name (family name)	Home phone
Parent / guardian email (required)		Parent / guardian cell phone
2nd Emergency Contact		
First Name	Last Name (family name)	Phone #1
Relationship to student		Phone #2

MEDICAL INFORMATION

Care Card Number	Allergies or medications: <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____
<p>I/we the parents / guardian give consent to administer any medical treatment deemed necessary by a licensed physician and the transfer of my child to any hospital reasonably accessible. I understand and agree that Alexander Academy does not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.</p>	
Signature of parent / guardian: _____ Date: _____	

ATTENDANCE POLICY

Students are required to attend classes every day and are required to complete all assignments. Students who are absent or late more than 3 days will NOT BE PERMITTED to continue taking the course AND will be withdrawn from the course without a refund of fees. For students who are late for 20 minutes or more for 3 times, this will count as 1 absence. Students who do not achieve a passing mark in the coursework will not be permitted to write the provincial exam in August.

I understand the attendance policy and agree to arrive on time to class each day.

Signature of student: _____ Date: _____

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 course, 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 student: _____ Date: _____

Signature of parent/ guardian: _____ Date: _____

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: _____