

APPLICATION FOR ADMISSION

Applicant Status / Start Date

This application is submitted by:

Self

Authorized Representative

Domestic Student

International Student

Start Date:

Fall (September)

Winter (end of January)

of 20____ (YY)

IB (International Baccalaureate) Applicant

Yes

No

AGENT INFORMATION (if applicable)

Agency Name

Contact Person

Telephone

Email

STUDENT INFORMATION

First Name

Middle Name

Last Name (family name)

Date of Birth (yyyy/mm/dd)

Gender

Male

Female

Country of Citizenship

First Language

Other Languages

Years of English study

Requested entry grade

Requested start date

Street Address

City

Province

Country

Postal / Zip Code

Email Address

Cell Phone

PARENT INFORMATION

PARENT 1

PARENT 2

Name

Citizenship

Address

Phone Number (Work and Cell)

Work:

Cell:

Email:

Work:

Cell:

Email:

During the study period, the student will live with:

both parents parent 1 only parent 2 only homestay guardian custodian other _____

CUSTODIAN INFORMATION

First Name

Last Name (family name)

Telephone

Cell Phone **(required)**

Street Address

City

Postal Code

Email address **(required)**

SPECIAL CONSIDERATIONS**Does your son / daughter have an Individual Learning Plan (IEP) or a Case Management Plan (CMP) from the previous school?**

- No Yes If yes, please attach current and relevant supporting documents to application

Is your son or/daughter in an ESL / ELL Program in a school in BC / Canada?

- No Yes Please indicate number of years in this program _____

Medical Information (allergies, special needs, physical or emotional conditions). Please attach all pertinent documents, test results, etc. to application.**Has your son / daughter been asked to leave or been suspended from another school?**

- No Yes If yes, please explain on a separate sheet.

PREVIOUS SCHOOL INFORMATION

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

REFUND POLICY**All Students**

- Refund requests are reviewed only upon written request of withdrawal and receipt of all supplementary documentation.
- Refunds are processed under the name of the student's parent unless an alternate request is submitted by the parent in writing.
- Students who have been issued official school letters (ie: Letter of Acceptance or Confirmation of Enrolment Letter, etc.) are not eligible for a tuition refund, even if the original document is returned to Alexander Academy.
- Approved refund requests are processed within four to six weeks.
- All refunds are subject to a minimum \$300 administration fee.
- No refund is granted if parents fail to disclose medical needs, special learning needs or behavioural considerations.

International Students (Visa Refusal)

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

In the event of a Study Permit application denial, fees are fully refundable minus the administration fee of \$300. To receive a refund, 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

New Domestic Students

- Are eligible for a 50% refund, minus the application fee, for courses withdrawn 30 or more calendar days prior to the commencement of classes
- No refund is issued for courses withdrawn 29 or fewer calendar days prior to the commencement of classes

Continuing Students (Domestic and International)

A non-refundable tuition deposit of \$2,000 is required to guarantee a seat for an upcoming school year. The remainder of the fees are due by the end of February each school year.

- 50% refund of the tuition and activity fees paid minus the \$2000 deposit on tuition for courses if the student is withdrawn 30 or more calendar days prior to the commencement of classes
- No refund is issued if student is withdrawn 29 or fewer calendar days prior to the commencement of classes.

CONSENT TO SHARE INFORMATION*Personal Information Protection Act*

Information collection on Alexander Academy's Application for Admission form and other schools forms is collected, used and disclosed by Alexander Academy in accordance with the Personal Information Protection Act (PIPA) for parents and students of Alexander Academy. The Academy requests your permission to use certain images, work samples, videos etc. for promotional purposes.

Please check one of the boxes:

- I CONSENT** to having photographs, videos and work samples of my son / daughter used by Alexander Academy in the yearbook, newsletters, website and other promotional materials.
- I DO NOT CONSENT** to having photographs, videos and work samples of my son / daughter used by Alexander Academy in the yearbook, newsletters, website and other promotional materials.

POLICIES

YES I/we have read the student handbook, code of conduct and policies and agree to abide by the provisions therein. This info available in our Parent Area of our web site at <http://www.alexanderacademy.ca/student-life/parents/>

* Student Handbook * Code of Conduct * Uniform Policy * Security Card Policy * Homestay and Accommodation Policy * Medical Policy
* Academic Honesty Policy * Attendance Policy

DECLARATION

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 provide appropriate assessments, programming, and services for my child, and will become part of their permanent record at Alexander School if he/she is accepted.

We, the student and parent(s):

- 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. have read and understand the Student Handbook, Code of Conduct and all policies;
- d. agree to provide the applicant with the prescribed uniform;
- e. agree to provide the applicant with an iPad / laptop for use at school;
- f. agree to provide proof of private medical insurance coverage (first three months of study time) or valid MSP card;
- 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. have read and understood the refund policy;
- i. agree to be responsible for paying all fees related to enrolment at Alexander Academy.

Signature of PARENT #1	dd/mm/yy
Signature of PARENT #2	dd/mm/yy
Signature of Student	dd/mm/yy

APPLICATION CHECKLIST – Domestic Students	APPLICATION CHECKLIST – International Students
<ul style="list-style-type: none"> <input type="checkbox"/> Application form and application fee <input type="checkbox"/> Parent / custodian declaration form (if applicable) <input type="checkbox"/> Official report cards for last 2 years <input type="checkbox"/> Copy of birth certificate / permanent residence card <input type="checkbox"/> Status of Parent / Custodian <input type="checkbox"/> Copy of vaccination record <input type="checkbox"/> Private Medical Insurance proof for first three months OR valid MSP card (front and back) <input type="checkbox"/> Signed General Consent Form 	<ul style="list-style-type: none"> <input type="checkbox"/> Application form and application fee <input type="checkbox"/> Parent / custodian declaration form (if applicable) <input type="checkbox"/> Official report cards for last 2 years, with English translation (if applicable) <input type="checkbox"/> English Language Assessment (IELTS / TOEFL) <input type="checkbox"/> Copy of passport and / or study permit <input type="checkbox"/> Copy of vaccination record <input type="checkbox"/> Private Medical Insurance proof for first three months OR valid MSP card (front and back) <input type="checkbox"/> MSP Application (for students without MSP Card) https://www2.gov.bc.ca/assets/gov/health/forms/102fil.pdf <input type="checkbox"/> Signed General Consent Form

AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

To: _____
(name of school attended during previous academic year)

I, _____, the parent of _____,
(full name of parent) (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: _____ Date _____
dd/mm/yy

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

**Important information****General Consent Form**

Alexander Academy believes in using a range of out of classroom environments and experiences to enhance our students' learning. This document is seeking your consent for your child to participate in two activity types, each with recommended parental consent. In brief they are:

Category A

- Off-site events in the local community occurring during or after school time.
- Lower risk environments.
- General consent** at enrollment.

Category A Trips

Off-site events in the local community occurring in school time with direct teacher supervision. Dates to be announced. These are including but not limited to:

- Practices for performing arts, music and sport
- Outside Class Lessons
- The Police Museum
- Vancouver Aquarium
- Stanley Park
- Vancouver Shoreline Clean up
- Educational Centres in and around the Lower Mainland
- Vancouver Art Gallery
- Museum of Anthropology
- Skating Robson Square
- Theatre Performances
- After School Clubs

Category B

- Off-site events in the local community occurring during or after school time.
- Higher risk environments.
- If an additional waiver is required, it will be provided prior to the trip.

Category B Trips

Off-site events in the local community occurring in school time with direct teacher supervision. Dates to be announced. These are including but not limited to:

- Skiing at Grouse OR Cypress Mountain
- Indoor Rock Climbing
- Aquatic Activities

Category A

I / We (parent name) _____ agree to the participation of _____ in **lower risk category A** events, (examples of which are indicated above) while our son/ daughter is a student at Alexander Academy.

Signature of parent: _____ Date (mm/dd/yy): _____

Category B

I / We (parent name) _____ agree to the participation of _____ in **higher risk category B** events, (examples of which are indicated above) while our son/ daughter is a student at Alexander Academy.

Signature of parent: _____ Date (mm/dd/yy): _____



PAYMENT AUTHORIZATION FORM

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

Student Name: _____

Student # (if known) _____

Method of payment: Credit Card

Card Type: Visa Mastercard

Credit Card #:

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

Cardholder Name: _____

Billing Address: _____

Telephone Number: _____

CARDHOLDER SIGNATURE: _____

Date: _____

DD/MM/YY



PLEASE PRINT IN CAPITAL LETTERS ONLY

1 2 3 4 A B C D

This form may also be completed and submitted online at www.gov.bc.ca/MSP/applyforhealthcare

To complete MSP enrolment, adult Canadian Citizens and Permanent Residents must obtain a Photo BC Services Card by visiting an Insurance Corporation of BC (ICBC) driver licensing office. To find an ICBC driver licensing office near you, please visit www.icbc.com.

Residents of BC are required, by law, to enrol themselves and to enrol their spouse and children who are residents of BC.

RESIDENT means a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, who makes his or her home in British Columbia, and is physically present in British Columbia for at least 6 months in a calendar year, or a shorter prescribed period, and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.

1 APPLICANT INFORMATION

Form section 1: APPLICANT INFORMATION. Fields include: APPLICANT LEGAL LAST NAME, APPLICANT LEGAL FIRST NAME, APPLICANT LEGAL SECOND NAME, BIRTHDATE (MM/DD/YYYY), GENDER (M/F), DAYTIME TELEPHONE NUMBER, RESIDENTIAL ADDRESS, CITY, PROV, POSTAL CODE, MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS), CITY, PROV, POSTAL CODE.

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION

Form section 2: RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION. Section A: STATUS IN CANADA - PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS). Section B: HAVE YOU HAD MSP COVERAGE PREVIOUSLY? Section C: HAVE YOU LIVED IN BC SINCE BIRTH? Section D: HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? Section E: WILL YOU OR ANY FAMILY MEMBER BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT SIX MONTHS? ARE YOU A FULL-TIME STUDENT?

3 SPOUSE AND CHILD INFORMATION

SPOUSE means a resident of BC who is either married to or living and cohabiting in a marriage-like relationship with the applicant and may be of the same gender as the applicant. CHILD means a BC resident who is a child of a beneficiary or a person in respect of whom a beneficiary stands in the place of a parent, and who is a minor, does not have a spouse, and is supported by the beneficiary.

PHOTOCOPIES OF CURRENT CITIZENSHIP/IMMIGRATION DOCUMENTS MUST BE ATTACHED. USE LEGAL NAMES WHEN COMPLETING THIS FORM.

Form section 3: SPOUSE AND CHILD INFORMATION. Fields include: SPOUSE LEGAL LAST NAME, SPOUSE LEGAL FIRST NAME, SPOUSE LEGAL SECOND NAME, GENDER, BIRTHDATE (MM/DD/YYYY), STATUS IN CANADA, PERSONAL HEALTH NUMBER (PHN), HAS SPOUSE LIVED IN BC SINCE BIRTH?, CHILD LEGAL LAST NAME, CHILD LEGAL FIRST NAME, CHILD LEGAL SECOND NAME, GENDER, BIRTHDATE (MM/DD/YYYY), STATUS IN CANADA, PERSONAL HEALTH NUMBER (PHN), HAS CHILD LIVED IN BC SINCE BIRTH?.



3 SPOUSE AND CHILD INFORMATION continued

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport <input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence <input type="checkbox"/> OTHER – Work or Study Permit, etc.		
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY) PREVIOUS HEALTH NUMBER

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport <input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence <input type="checkbox"/> OTHER – Work or Study Permit, etc.		
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY) PREVIOUS HEALTH NUMBER

IF YOU HAVE MORE CHILDREN, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

IF ANY OF THE CHILDREN ARE DEPENDENT POST-SECONDARY STUDENTS (SEE BELOW), PLEASE COMPLETE THE SECTION BELOW.

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	STUDENT LEGAL SECOND NAME
SCHOOL NAME AND FULL ADDRESS		
	DATE STUDIES WILL BE FINISHED (MM / DD / YYYY)	IF SCHOOL IS OUTSIDE BC, ORIGINAL DEPARTURE DATE (MM / DD / YYYY)

TO ADD MORE DEPENDENT POST-SECONDARY STUDENTS, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

DEPENDENT POST-SECONDARY STUDENT means a BC resident who is older than 18 and younger than 25 years of age, in full-time attendance at a recognized post-secondary institution, and supported by a parent or person who stands in place of the person's parent. A dependent post-secondary student may include a student enrolled in full-time studies at an accredited trade school, technical school or high school.

4 PREMIUMS

Revenue Services of British Columbia issues invoices for MSP premiums on a monthly basis. Information about premium rates and subsidies can be found on Health Insurance BC's website at www.hibc.gov.bc.ca or on the [Application for Regular Premium Assistance, HLTH 119](#). **PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION.**

5 AUTHORIZATION - MUST BE SIGNED BY APPLICANT, AND SPOUSE IF APPLICABLE (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

I have received information about MSP and agree to abide by the terms and conditions of MSP. I understand that if a discrepancy exists between the information provided and the legislation, the legislation will govern. I understand that the information I have given is collected under the authority of the Medicare Protection Act and section 26(a) and (c) of the Freedom of Information and Protection Act (FIPPA) and the information will be used to assess eligibility for, and to administer, MSP and other Ministry of Health publicly funded health care programs.

I authorize the Ministry of Health to collect my health information from practitioners who provide publicly funded health care service(s) to me under MSP and other publicly funded health care programs, and I provide consent for those practitioners to disclose such information to the Ministry of Health for the purposes of assessing eligibility for, and in regard to the administration of, MSP and other Ministry of Health publicly funded health care programs.

I understand that information may be disclosed by the Ministry of Health pursuant to section 33 of FIPPA.

I declare that all information provided is true and I understand that the Ministry of Health and/or Health Insurance BC may verify this information with immigration authorities, law enforcement authorities and other public authorities, agencies and persons as appropriate. I declare that all persons listed are residents of British Columbia.

If you have any questions about the collection and use of your personal information, please contact: Health Insurance BC Chief Privacy Office, PO Box 9035 STN PROV GOVT, Victoria, BC V8W 9E3 or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll-free).

SIGNATURE OF APPLICANT	SIGNATURE OF SPOUSE	DATE SIGNED (MM / DD / YYYY)

6 IMPORTANT INFORMATION

- **IDENTIFICATION:** You must send with your application: photocopies of documents that support the name and Canadian citizenship or immigration status for all persons listed. Eligibility cannot be determined without this documentation. Canadian citizens and holders of permanent resident status (landed immigrants) returning from the USA may also be asked to provide evidence of having established residence in BC and/or having abandoned their status in the USA. If any person is not enrolling under the name shown on his/her citizenship or immigration document, please also submit a photocopy of a legal document (for example, a marriage or name change certificate) that indicates the name shown on this application.
- **RESIDENCY:** If you expect to leave the province for more than 30 days in total during the next 6 months, a letter outlining your planned dates of departure and return, destination and the reason for your absence is required with this application. Failure to provide this information may affect eligibility for benefits.
- **EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a wait period before health care benefits begin. Generally, this period is the balance of the month of arrival in BC, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility may be affected. Applications should be submitted immediately on arrival in BC, not at the end of the wait period. If you apply late, the effective date of benefits will be determined by MSP and may result in premiums being charged retroactively.
- **OUT-OF-PROVINCE STUDENTS:** Residents who leave BC temporarily to attend school or university may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility.
- **CANCELLATION OF BENEFITS:** Failure to remit premiums does not constitute notification to cancel benefits. If you will no longer be a resident of BC, you must notify Health Insurance BC that this is the case, and provide your date of departure from the province and your new address; otherwise, premium invoicing may continue.
- **CHANGE OF NAME OR ADDRESS:** Health Insurance BC must be notified immediately of any change of name or address.
- **LEGISLATION:** All information is subject to change in accordance with the *Medicare Protection Act* and Regulations and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the information Health Insurance BC has provided on this application and the legislation, the legislation will prevail.

Personal information on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers on page 1. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.