

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

Street Address

City

Postal Code

Email address

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 _____
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**

- All refund requests must be made in writing along with the submission of supplementary documents.
- Refunds are processed under the name of the student's parent unless an alternate request is submitted by the parent in writing.
- No refund is granted if parents fail to disclose medical needs, special learning needs or behavioral considerations.
- In the event that a student is required to discontinue studies due to expulsion, the student is not eligible for a refund of any amount paid to Alexander Academy for the school year in which they were expelled. Further, a student isn't eligible for a partial refund to cover an interruption to their studies due to disciplinary suspension of any kind, nor from an interruption of their studies arising from any other consequence assigned to the students as a result of their misbehaviour.
- The cancellation of acceptance according to Alexander Academy's admission policy will result in the loss of any non-refundable deposit.
- All fees paid are non-transferable.
- All refunds which are requested by wire transfer are subject to an administrative fee of \$100. Banks may charge additional transaction fees.
- Approved refund requests are processed within 4-6 weeks.

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:

- Withdrawal form
- Request for Refund form
- Refusal letter issued by Citizenship and Immigration Canada. The date of the refusal letter must be subsequent to the issue date of the most recent Letter of Acceptance.

New Domestic Students

- Eligible for a 50% refund of the tuition and activity fees paid if the student withdraws 30 or more calendar days prior to the first day of school year.
- No refund is issued if the student withdraws 29 or fewer calendar days prior to the first day of school year.

Continuing Students (Domestic and International)

- A non-refundable tuition deposit of \$2,000 is required to guarantee a seat for an upcoming school year.
- 50% refund of the tuition and activity fees paid less \$2,000 deposit if the student withdraws 30 or more calendar days prior to the first day of school year.
- No refund is issued if the student withdraws 29 or fewer calendar days prior to the first day of school year.

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):

- 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;
- have read and understand the Student Handbook, Code of Conduct and all policies;
- agree to provide the applicant with the prescribed uniform;
- agree to provide the applicant with an iPad / laptop for use at school;
- agree to provide proof of private medical insurance coverage (first three months of study time) or valid MSP card;
- 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;
- have read and understood the refund policy;
- 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
<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"/> Signed General Consent Form <input type="checkbox"/> Canadian students: MSP or CareCard <input type="checkbox"/> International students: MSP card (if applicable) and private insurance until June 30th of school year entered.	<input type="checkbox"/> Application form and application fee <input type="checkbox"/> Parent / custodian declaration form (if applicable) Official report cards for last 2 years with English translation English Language Assessment (IELTS / TOEFL) Copy of passport and study permit (or CIC processing letter) Copy of vaccination records MSP card (if applicable) and private insurance until June 30th of school year entered.

AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS
<p>To: _____ (name of school attended during previous academic year)</p> <p>I, _____, the parent of _____, (full name of parent) (full name of student)</p> <p>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.</p> <p>Signature of parent: _____ Date _____ dd/mm/yy</p> <p>Please forward requested information to: Alexander Academy 688 West Hastings Street, Suite 200 Vancouver, BC V6B 1P1</p>

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

Alexander Academy believes in using a range of out of classroom environments and experiences to enhance our students' learning. The school's activities are categorized into two types. While consent is mandatory for Category A (low risk activities), parents may choose to opt out of category B (higher risk activities). Please sign ONE of the two declarations at the bottom of this page:

Category A

- a) Off-site events in the local community occurring during or after school time.
- b) Lower risk environments.

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

Category B

- a) Off-site events in the local community occurring during or after school time.
- b) Higher risk environments.
- c) 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. These are including but not limited to:

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

C · # ° ° \

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): _____

C · " \ u= # ° ° · "

\ k ·

I / We (parent name) _____ agree to the participation of _____ in " \ u= · ° ° · ", (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

MEDICAL FORM

Medical Alert ☐

STUDENT INFORMATION

First Name	Last Name (family name)
Date of Birth (YYYY/MM/DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

MEDICAL INFORMATION

Please check all that apply. Attach related documentation.

Physical Considerations	Medical Conditions
<input type="checkbox"/> Hearing Impairment Specify: _____ <input type="checkbox"/> Visual Impairment Specify: _____ <input type="checkbox"/> Physical Impairment Specify: _____ <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> None	<input type="checkbox"/> Allergy Specify: _____ <input type="checkbox"/> Seizure disorder Specify: _____ <input type="checkbox"/> Diabetes Specify: _____ <input type="checkbox"/> Asthma Specify: _____ <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> None

Other Considerations

<input type="checkbox"/> Specialized learning needs Specify: _____ <input type="checkbox"/> Psychological condition Specify: _____

MEDICATIONS

<input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> None

MEDICAL INSURANCE

BC Medical Care Card Number	Family Doctor	Phone number
Private Medical Insurance Provider	Policy Number	Insurance Contact phone number

EMERGENCY CONTACT

Emergency Contact #1			
First Name	Last Name (family name)	Telephone	Relationship to Student
Emergency Contact #2			
First Name	Last Name (family name)	Telephone	Relationship to Student
Out of town Emergency Contact			
First Name	Last Name (family name)	Telephone	Relationship to Student

IMMUNIZATIONS

It is recommended that all children receive the following vaccines by age 14:

Vaccine	Vaccinated? Y / N	Date of Vaccination mm/dd/yyyy
Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae type b (DTaP-HB-IPV-Hib)	Yes No	
Chickenpox (Varicella)	Yes No	
Hepatitis B Vaccine	Yes No	
Human Papillomavirus (HPV)	Yes No	
Meningococcal C Conjugate (Men-C)	Yes No	
Tetanus, Diphtheria, Pertussis (Tdap)	Yes No	
Measles Mumps Rubella (MMR)	Yes No	
Pneumococcal Conjugate (PCV 13)	Yes No	
Rotavirus	Yes No	
Hepatitis A	Yes No	
Please attach a copy of the student's vaccination record		

I/we the parents, declare that the information contained in this application is accurate and complete to the best of my/our knowledge,

and

I/we the parents 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.

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