



## ONLINE SUMMER SCHOOL REGISTRATION FORM

**ONLINE SUMMER SCHOOL ALEXANDER  
ACADEMY**

Monday, June 29 – Friday, July 31, 2020

### LANGUAGE REQUIREMENT

All international students will be required to demonstrate language proficiency through previous academic achievement **and** language assessment on or before June 22. Minimum requirements are:

GRADE 10 COURSES: B2 LEVEL OR EQUIVALENT

GRADE 11 & 12 COURSES: C1 LEVEL OR EQUIVALENT

### 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

Submit registration form by email to  
[admissions@alexanderacademy.ca](mailto:admissions@alexanderacademy.ca)

**Course Fees:**  
**\$100 – Application fee**  
**\$1600 – Tuition fee**

### COURSE SELECTION

Class Time	Course name	Class Time	Course name
9 am – 12 pm	Physics 11	1 pm – 4 pm	Math 10
9 am – 12 pm	PE 10	1 pm – 4 pm	Social Studies 10
9 am – 12 pm	Composition 11	1 pm – 4 pm	English 12
9 am – 12 pm	Science 10	1 pm – 4 pm	Pre-Calculus 11
9 am – 12pm	Composition/Literary Studies 10		
9 am – 12 pm	Transitional English 10 (ELL4)		
9 am – 12 pm	Pre-Calculus 12		

### COURSES 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 ( <b>required</b> )		Parent / guardian cell phone
<b>2<sup>nd</sup> Emergency Contact</b>		
First Name	Last Name (family name)	Phone #1
Relationship to student		Phone #2

## MEDICAL INFORMATION

Insurance coverage details:	Allergies or medications: <input type="checkbox"/> No <input type="checkbox"/> Yes    Please specify: _____
<p><b>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.</b></p>	
<p>Signature of parent / guardian: _____ Date: _____</p>	

## 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.**

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: \_\_\_\_\_

Alexander Academy is committed to using personal information we collect in accordance with the Personal Information Protection Act (PIPA). By providing personal information on this form, you consent to have the school use the information solely for the purposes of providing academic and student support services. The full policy is available online at <http://www.alexanderacademy.ca>