



ALEXANDER ACADEMY SUMMER SCHOOL REGISTRATION FORM

SUMMER SCHOOL 2020 DATES

Monday, June 29 – 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

Submit the following documents by email to:

admissions@alexanderacademy.ca

- ☐ Completed registration form
- ☐ Copy of student's most recent report card
- ☐ Copy of birth certificate or passport
- ☐ Fee payment

\$100 – Application fee- WAIVED FOR 2020

\$1600 – Tuition fee for international students

\$1200 – Tuition fee for domestic students

COURSE SELECTION

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

COURSES REQUESTED

Course Name:

Class Time:

AGENT INFORMATION (if applicable)

Agency Name	First Name	Last Name (family name)
Is your agency local or overseas?	Email	Phone number

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 (and apartment #)	City	Province
		Postal Code

STUDENT'S FULL-TIME SCHOOL INFORMATION

School Name	City	Last Grade attended
FAMILY INFORMATION AND EMERGENCY CONTACT		
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> 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	
Insurance coverage details:	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	
<p>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.</p>	
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	
<p>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.</p>	
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: _____	