



## ONLINE SUMMER SCHOOL REGISTRATION FORM

ONLINE SUMMER SCHOOL ALEXANDER ACADEMY

Monday, June 28 – July 30, 2021

### 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 to by email to  
[admissions@alexanderacademy.ca](mailto:admissions@alexanderacademy.ca)

#### Course Fees:

**\$100 – Application fee (waived for current Alexander Academy students)**

**\$1700 – Tuition fee for international students**

**\$1200 – Tuition fee for Canadians and PR-holders**

### COURSE SELECTION

Class Time	Course name		
8:30 – 12:15pm	Art 12	1:00pm – 4:45pm	Chemistry 12
8:30 – 12:15pm	Physics 11	1:00pm- 4:45pm	Pre-Calculus 11
8:30 – 12:15pm	English 12	TBA	Pre-Calculus 12
8:30 – 12:15pm	Science 10	TBA	Composition 11 (English 11)
8:30 – 12:15pm	Transitional English (ELL4)	TBA	Composition 10/Literary Studies 10 (English 10)

### 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: \_\_\_\_\_