

SUMMER SCHOOL REGISTRATION FORM

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 non-Canadian students)
- ☐ Fee payment

Email registration form to admissions@alexanderacademy.ca
Course Fees:
\$100 – Application fee (waived for current Alexander Academy students)
\$1600 – Tuition fee for international students
\$1200 – tuition fee for domestic students (Canadian and local internationals)

COURSE SELECTION

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