



## APPLICATION FOR ADMISSION

This application is submitted by:  <input type="checkbox"/> Self  <input type="checkbox"/> Authorized Representative	Student is:  <input type="checkbox"/> Domestic Student  <input type="checkbox"/> International Student	<b>Start Date:</b>  <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (end of January) of 20____ (YY)  <b>Program Selection:</b>  <input type="checkbox"/> English Language Development <input type="checkbox"/> University Transfer
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### 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 <input type="checkbox"/> Male <input type="checkbox"/> 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	

### PARENTAL INFORMATION (at least one parent email is required)

	PARENT 1	PARENT 2
<b>Name:</b>		
<b>Citizenship:</b>		
<b>Address:</b>		
	<b>Work phone:</b> <b>Cellphone:</b> <b>Email:</b>	<b>Work:</b> <b>Cell:</b> <b>Email:</b>

### During the study period, the student will live with:

both parents     parent 1 only     parent 2 only     homestay     custodian     other \_\_\_\_\_

### CUSTODIAN INFORMATION

First Name	Last Name (family name)	Telephone	Cell Phone ( <b>required</b> )
Street Address		City	Postal Code
Email address ( <b>required</b> )			

**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 \_\_\_\_\_

**Medical Information** (allergies, special needs, physical or emotional conditions). Please attach all pertinent documents, test results, etc. to application.

**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**

- Refund requests are reviewed only upon written request of withdrawal and receipt of all supplementary documentation.
- Refunds are processed under the name of the student's parent unless an alternate request is submitted by the parent in writing.
- Students who have been issued official school letters (ie: Letter of Acceptance or Confirmation of Enrolment Letter, etc.) are not eligible for a tuition refund, even if the original document is returned to Alexander Academy.
- Approved refund requests are processed within four to six weeks.
- All refunds are subject to a minimum \$300 administration fee.
- No refund is granted if parents fail to disclose medical needs, special learning needs or behavioural considerations.

**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:

- Written request of withdrawal
- Proof of study permit denial by *Citizenship and Immigration Canada or, Government of Canada – High Commission of Canada*
- 'Request for Refund' form

**New Domestic Students**

- Are eligible for a 50% refund, minus the application fee, for courses withdrawn 30 or more calendar days prior to the commencement of classes
- No refund is issued for courses withdrawn 29 or fewer calendar days prior to the commencement of classes

**Continuing Students (Domestic and International)**

A non-refundable tuition deposit of \$2,000 is required to guarantee a seat for an upcoming school year. The remainder of the fees are due by the end of February each school year.

- 50% refund of the tuition and activity fees paid minus the \$2000 deposit on tuition for courses if the student is withdrawn 30 or more calendar days prior to the commencement of classes
- No refund is issued if student is withdrawn 29 or fewer calendar days prior to the commencement of classes.

**CONSENT TO SHARE INFORMATION**

*Personal Information Protection Act*

Information collection on Alexander Academy’s Application for Admission form and other school 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):

- a. declare that the information submitted in this application and all supporting documentation is true and complete;
- b. authorize Alexander Academy to verify the information submitted with the application, and the authenticity of all supporting documentation;
- c. have read and understand the Student Handbook, Code of Conduct and all policies;
- d. agree to provide the applicant with the prescribed uniform;
- e. agree to provide the applicant with an iPad / laptop for use at school;
- f. agree to provide proof of private medical insurance coverage (first three months of study time) or valid MSP card;
- g. 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;
- h. have read and understood the refund policy;
- i. 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
<ul style="list-style-type: none"> <li><input type="checkbox"/> Application form and application fee</li> <li><input type="checkbox"/> Parent / custodian declaration form (if applicable)</li> <li><input type="checkbox"/> Official report cards for last 2 years</li> <li><input type="checkbox"/> Copy of birth certificate / permanent residence card</li> <li><input type="checkbox"/> Status of Parent / Custodian</li> <li><input type="checkbox"/> Copy of vaccination record</li> <li><input type="checkbox"/> Private Medical Insurance proof for first three months OR valid MSP card (front and back)</li> <li><input type="checkbox"/> Signed General Consent Form</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Application form and application fee</li> <li><input type="checkbox"/> Parent / custodian declaration form (if applicable)</li> <li><input type="checkbox"/> Official report cards for last 2 years, with English translation (if applicable)</li> <li><input type="checkbox"/> English Language Assessment (IELTS / TOEFL)</li> <li><input type="checkbox"/> Copy of passport and / or study permit</li> <li><input type="checkbox"/> Copy of vaccination record</li> <li><input type="checkbox"/> Private Medical Insurance proof for first three months OR valid MSP card (front and back)</li> <li><input type="checkbox"/> MSP Application (for students without MSP Card) <a href="https://www2.gov.bc.ca/assets/gov/health/forms/102fil.pdf">https://www2.gov.bc.ca/assets/gov/health/forms/102fil.pdf</a></li> <li><input type="checkbox"/> Signed General Consent Form</li> <li><input type="checkbox"/> IELTS, Duolingo, TOEFL (if available)</li> </ul>

AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS	
<p>To: _____</p> <p>(Name of school attended during previous academic year)</p>	
<p>I, _____,</p> <p>(full name of parent)</p>	<p>the parent of _____,</p> <p>(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: _____</p>	<p>Date _____</p> <p>dd/mm/yy</p>
<p><b>Please forward requested information to:</b>  <b>Alexander Academy</b>  <b>#400 - 570 Dunsmuir Street</b>  <b>Vancouver, BC V6B 1Y1</b></p>	



这是一个很重要的文件，请翻译成中文

이것은 매우 중요한 내용/안내 입니다. 번역을  
부탁드립니다.

**Important information – please have it translated.**

## General Consent Form

Alexander Academy believes in using a range of out of classroom environments and experiences to enhance our students' learning. This document is seeking your consent for your child to participate in two activity types, each with recommended parental consent. In brief they are:

### Category A

- Off-site events in the local community occurring during or after school time.
- Lower risk environments.
- General consent** at enrollment.

### 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
- Educational Centres in and around the Lower Mainland
- Vancouver Art Gallery
- Museum of Anthropology
- Skating Robson Square
- Theatre Performances
- After School Clubs

### Category B

- Off-site events in the local community occurring during or after school time.
- Higher risk environments.
- 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. Dates to be announced. These are including but not limited to:

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

### Category A

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): \_\_\_\_\_

### Category B

I / We (parent name) \_\_\_\_\_ agree to the participation of \_\_\_\_\_ in **higher risk category B** events, (examples of which are indicated above) while our son/ daughter is a student at Alexander Academy.

Signature of parent: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_



Alexander Academy

**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