



Mountain View Academy

B4-2452 Battleford Avenue S.W.
Calgary, Alberta T3E 7K9
Tel: 403.217.4346
Fax: 403.249.4312
www.mountainviewacademy.ca

INTERNATIONAL STUDENT Application for Admission

Date of Admission:	Current Grade:	Grade Entering:
Name of Student:		
(legal first) (legal middle) (legal last)		
English Name:	Date of Birth:	Place of Birth:
Citizenship:	Calgary Address:	Postal Code:
Calgary Phone No.:	Cell No.:	Bus. No.:
Parent's Address (if parent is not in Canada):		
Parent's Phone Number (out of country):		
Parent's Email:		
<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Student Study Permit	Expiry Date:
<input type="checkbox"/> Refugee Claimant	<input type="checkbox"/> Passport	Expiry Date:
Other:		

English Language Proficiency (please circle one): 1 2 3 4 5 6 7 8 9 10

FAMILY INFORMATION

Living with: both parents mother only father only home-stay family guardian independent

It is of utmost importance that the office is notified immediately of any change in guardianship, home-stay, address, etc. in case of emergency.

English Speaking Contact	Name:	Phone No.:	Cell No.:
Relationship to Student:			

PREVIOUS ACADEMIC INFORMATION

copy of last transcript (student will not be admitted without proof of marks and high school courses completed).
 other pertinent information

HEALTH INFORMATION

Do you have Alberta Health Care? yes in process of applying overseas insurance
(enclose copy of insurance)

Does the student have any severe allergies? yes no

If yes specify _____

Do they have an epi-pen? yes no

Does the student have a criminal record? _____

Are you represented by an agent? [] yes [] no

Agent's Name:	Phone No.:	Company:
---------------	------------	----------

Note: Mountain View Academy is not responsible for additional fees which may be added by the agent other than school fees.

TERMS AND CONDITIONS OF ACCEPTANCE

Mountain View Academy reserves the right to place students on probation for one semester. In the event that the student does not meet the following requirements he/she maybe asked to leave the school:

1. All English skills **must** be of corresponding grade equivalency;
2. Student must maintain at least a 70% average in **all** subjects;
3. Daily attendance is **mandatory**.

Please note that tuition **will not be refunded** if the student fails to comply with the above (see tuition guarantee).

TUITION GUARANTEE

It should be noted the obligation is to pay a **full year's tuition** fee and no reduction or remission will be allowed in the case of temporary absence, withdrawal or dismissal. We are obligated to provide the parents and students of Mountain View Academy with the highest quality of education. Staff is hired according to our registered student numbers at the beginning of the summer. The small nature of the school means the mid-year withdrawal of a students' fund could have a substantial impact on the quality of the education for those students remaining, if this guarantee was not honoured.

I _____ hereby agree to and understand the terms and conditions outlined above.

(signature of financial supporter)

(please print name of financial supporter)

(dated)

(fees are subject to change)

MEDICAL & EMERGENCY INFORMATION

Student's Name:	
Alberta Health Care Number:	
Family Doctor:	Phone No.:
Siblings Attending (please list):	
Medical/Allergic Conditions (please list):	
Medication given on an ongoing basis (please include ibuprofen, etc.):	
Is the medication at school? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type:
IF YES, MEDICATION MUST BE LOCKED UP (ie. with teacher or in office).	
PLEASE NOTE: STUDENTS ARE NOT PERMITTED TO BE IN POSSESSION OF ANY MEDICATION, VITAMINS, TYLENOL, ETC.	
Do you give permission for the school staff to seek medical attention without restriction as to the scope of the accident or illness while in the care of the school? <input type="checkbox"/> No <input type="checkbox"/> Yes Including a blood-transfusion? <input type="checkbox"/> No <input type="checkbox"/> Yes Blood Type	

MEDICATION ADMINISTRATION RECORD (to be kept on file in office)

Medication:	Dosage:	
Start Date:	End Date:	Exact Times:

To be completed by the staff member at the time medication is given:

DATE	MEDICATION	DOSAGE	TIME	SIGNATURE

Signature of: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Print Name:
Date: