



APPLICATION FOR ADMISSION

Name of Student:		
(first)	(middle)	(last)
Alberta Education Student I.D. No.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Year of Entry:	Present Grade:	Desired Grade:
Birth Date:	Present or Former School:	
Yr.	Mth	Day
Place of Birth:	Public <input type="checkbox"/>	Separate <input type="checkbox"/> Private <input type="checkbox"/>
Primary Address:	Citizenship/Immigration Status:	
Home Phone.:	Postal Code:	
	Languages Spoken at Home:	

Is this student eligible for French Instruction? Pursuant to Section 23 of the Canadian Chart of Rights and Freedoms whereby at least one of the following conditions exists: either parent's mother tongue is French; either parent was educated in French in Canada or one or more of the children in the family have received primary or secondary school instruction in French Canada).

No Yes. If Yes, do you wish to exercise your Section 23 rights?

Is this student eligible for Aboriginal Status? An Aboriginal student is defined as Status Indian, Non-status Indian, Metis or Inuit. If your child has Aboriginal eligibility, please check the appropriate box below:

Status Indian Non-Status Indian Metis Inuit Other

Mother Guardian

Father Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Ph. (home): _____

Ph. (home): _____

Cell: _____

Cell: _____

Ph. (office): _____

Ph. (office): _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Emergency Contact:	Relationship to Child:
Address:	Postal Code:
Phone: (Home)	(Day)
	(Cell)

Procedures (to be included with application)

\$250. Registration Fee (non-refundable - first time registers only)

\$750. Deposit (non-refundable)

Copy of student's Birth Certificate

Non Canadian residents must include a copy of the Student Visa, Passport, or Parent's Work Visa

Immunization Records (if applicable)

Application to Mountain View Academy will involve the submission of all relevant student records from previous facilities, reports detailing diagnosis and treatment of medical conditions and disabilities, as well as, ability and achievement assessments. Registration will proceed upon receipt of this completed application with the required documentation, accompanied by the **non-refundable** registration fee and a **non-refundable** deposit fee. Other requirements and conditions are outlined in the Fee Schedule.

Due to limited space availability, the school must fill the vacancies well in advance of the school year commencement and be guaranteed to function under full capacity in order to offer full access to services and guarantee high standards of educational quality. It is for this reason that the school reserves the right to charge each kindergarten and grade students full fees with no rebate. Fees are payable regardless of temporary absenteeism due to illness or holidays, withdrawal or dismissal. Please refer to the Preschool/Jr. Kindergarten brochure for the school's registration and withdrawal policies with respect to children enrolled in those programs.

The remaining months' tuition fees for the entire school year must be **paid in advance** by one of the following three payment options: one single installment due by the first day of August, three equal installments post-dated for August 1, November 1 and February 1 or ten monthly post-dated cheques for the academic year dated the first of every month from August to the following April. There will be a 35.00 fee charged to parents to cover administrative costs for each NSF cheque issued to the school.

I have read, understood and agree to abide by all terms outlined in the 'Application for Admission' form and current school year's fee schedule.

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

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:

**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.:
<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)

Are you represented by an agent? yes no

Agent's Name:	Phone No.:	Company:
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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 student's 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)