



**MOUNTAIN VIEW ACADEMY**  
 B4, 2452 Battleford Avenue S.W. Calgary, AB T3E 7K9  
 Phone: (403) 217-4346 Fax: (403) 249-4312

**APPLICATION FOR ADMISSION  
 Kindergarten to Grade 12**

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
	Public <input type="checkbox"/>	Separate <input type="checkbox"/>
		Private <input type="checkbox"/>
Place of Birth:	Citizenship/Immigration Status:	
Primary Address:	Postal Code:	
Home Phone.:	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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Ph. (home): \_\_\_\_\_

Cell: \_\_\_\_\_

Ph. (office): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father  Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Ph. (home): \_\_\_\_\_

Cell: \_\_\_\_\_

Ph. (office): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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 student's 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 instalment due by the first day of August, three equal instalments 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 fee charged to parents to cover administrative costs for each NSF cheque issued to the school.

All elective courses are mandatory for students up to and including grade nine. These courses include French, Spanish, Art., etc.

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. Parent/guardian/financial supporter initial: \_\_\_\_\_  
Date: \_\_\_\_\_

I understand, and am in agreement, that the registration fee of \$250 and the \$750 deposit are non-refundable. Parent/guardian/financial supporter initial: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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)

**MEDICAL & EMERGENCY INFORMATION**

Student's Name:	
Alberta Health Care Number:	
Family Doctor:	Phone No.:
Siblings Attending (please list):	
Medical/Allergic Conditions (current & pre-existing, please list):	
Allergy Tests Performed:	
Is Your Child Immunized <input type="checkbox"/> yes <input type="checkbox"/> chose not to <input type="checkbox"/> never <input type="checkbox"/> in progress Are the Immunizations Up to Date: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure	
Other Medical History (eg. previous concussion, surgery, etc.)	
Medication given on an ongoing basis (please include ibuprofen, etc.):	
Is the medication at school? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type:
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: