



Where we can make a difference

New Student Admission Application Form

(all information will be treated confidentially)

Student's name						Application Grade ____ for School
Birthdate	day		month		year	Beginning September <input type="text"/>
Father's name						Res Phone:
						Cell Phone:
Home Address						City:
						Postal Code:
Occupation					Email	
Employer's Name					Phone	
Address						City:
						Postal Code:
Mother's name						Res Phone:
						Cell Phone:
Home Address						City:
						Postal Code:
Occupation					Email	
Employer's Name					Phone	
Address						City:
						Postal Code:
Emergency Contact					Phone	
Relationship to Student						
Present School						Grade <input type="text"/>
Address						City:
						Postal Code:
						Phone:

If parents are separated or divorced please indicate with whom the student resides: _____

Deposit payment method		Tuition payment plan		Payment Method		
Cheque		Advance	1 payment	Cheque		Visa/Mc
Visa / Mc		Standard	2 payments	PAD		Visa/Mc
		Monthly	10 payments	PAD		Visa/Mc

Signature of Parent / Guardian

Date



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Student Information

Student's full Name						
Birthday Date	Day		Month		Year	
Medical						
Immunization card					To be submitted prior to September 1st	
Allergies						
Congenital Defects						
Medication						
Vision Test					Date of most recent tests and results	
Hearing Test					Date of most recent tests and results	
O.H.I.P Number						
Physician's name						
Address					City:	
					Postal Code:	
					Phone:	
Extra Curricular Interests						
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Signature of Parent / Guardian

Date



Where we can make a difference

WAIVER AGEEMENT

At Glenn Arbour Academy, we take every precaution to ensure that students learn in a fun and safe, environment.

Please read the following waiver carefully and provide your consent.

Please note, consent extends to every event held during the school year whether on site at Glenn Arbour Academy or off site.

A copy of the signed waiver statement will be kept at Glenn Arbour Academy for the school year.

Specific third-party venues may require additional consent, which will be communicated to you at the time of the event.

In consideration of participation in any school events held at Glenn Arbour Academy during the school year, either on or off-site.

1. I grant specific permission for my child to participate and I acknowledge the element of risk that is involved in any school event and/or activity.

2. Therefore, for the same consideration, I hereby release and forever discharge Glenn

Arbour Academy and all its directors, coaches, teachers, assistant teachers, parent volunteers and all others concerned with Glenn Arbour Academy from all liability for any accident or injury which may be suffered or incurred by while attending or participating in school events and/or activities, on or off-site, including (without limiting the generality of the foregoing) all dental and medical bills.

Date: _____ Name of Student: _____

Parent/Guardian Signature: _____



Where we can make a difference

REGISTRATION AGREEMENT

At the time of _____ application for enrolment has been
Student's Name

approved by Glenn Arbour Academy we agree to pay all tuition fees, the deposit, as well as other debts incurred throughout the academic school year on the Student's behalf.

No refund will be given if the Student withdraws after March 1, of the current school year.

A pro-rated formula will be applied if the Student withdraws before March 1, of the current school.

If the tuition fees are three months in arrears, the student may be asked to leave the school until the tuition fee is paid up to date.

We understand all fees must be paid in full before enrolment of the Student for the following year is considered.

Note the \$1,000.00 non-refundable deposit fee is due upon acceptance of the Student.

Signature: _____ Date: _____
(Parent or Guardian financially responsible for the Student)

Please Note: Registration Agreement becomes official when the above Student has been accepted and deposit accompanies this form.



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PHOTO/VIDEO RELEASE

I hereby give permission for images of my child, captured during regular and special Glenn Arbour Academy Inc. activities through videotape, photo film and digital camera capture, to be used solely for the purposes of Glenn Arbour Academy Inc.'s promotional material and publications (print or electronic publication), and waive any rights of compensation or ownership thereto.

Name of Student: _____

Parent/Guardian Signature: _____ date: _____

Note: It is important for this form to be completed and forwarded to the school office.