

La Citadelle



International Academy
of Arts & Science



APPLICATION FOR ADMISSION

Applicant Name: _____

Applying to Grade: _____ Applying for Academic Year: _____

APPLICATION CHECKLIST

- | | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Completed & Signed Application Form | <input type="checkbox"/> Transcript (Secondary Students Only) | <input type="checkbox"/> Application Fee |
| <input type="checkbox"/> Copy of Proof of Age document | <input type="checkbox"/> Academic Reference Letter | Other (Please list below) : |
| <input type="checkbox"/> Copy of Health Card & Immunization | <input type="checkbox"/> Character Reference Letter | <input type="checkbox"/> |
| <input type="checkbox"/> Copy of most recent Report Card | <input type="checkbox"/> Completed Questionnaire
(Secondary Students Only) | <input type="checkbox"/> |

SECTION 1: STUDENT PERSONAL INFORMATION

Applying for Academic Year: _____ Applying to Grade: _____ Application Date: _____

Legal Surname/Family Name: _____ Legal First Name: _____

Preferred Name: _____ Email Address: _____

Date of Birth: ____/____/____ Male Female Health Card Number: _____
yy mm dd

Student's Status in Canada: Are you a Canadian Citizen? Yes _____ No _____
Are you a Foreign Student? Yes* _____ No _____ Country of Origin: _____

* If you answered yes you must include a copy of your Student Visa with the application

Language Spoken: English: _____ French: _____ Other: _____ First language spoken: _____
(Please specify)

Home or Permanent Address: _____
Street Number Street Name Unit Number

City Province Postal Code

SECTION 2: PARENT AND/OR GUARDIAN INFORMATION

Student Resides with: Both Parents _____ Mother _____ Father _____ Other: _____

Mother: _____ Occupation: _____ Email: _____

Home Number: _____ Cell Number: _____ Business Number: _____

Home or Permanent Address: _____
(if different from above) Street Number Street Name Unit Number

City Province Postal Code

Father: _____ Occupation: _____ Email: _____

Home Number: _____ Cell Number: _____ Business Number: _____

Home or Permanent Address: _____
(if different from above) Street Number Street Name Unit Number

City Province Postal Code

Guardian: _____ Occupation: _____ Email: _____

Home Number: _____ Cell Number: _____ Business Number: _____

Home or Permanent Address: _____
(if different from above) Street Number Street Name Unit Number

City Province Postal Code

SECTION 3: ACADEMIC HISTORY

Previous Schools:

School Name	Grade(s)	# years at the school	Type of School (Private, Public, Catholic, etc.)

Secondary School Courses:

Course Name	Course Code	Grade	Final Mark	Credit Earned

SECTION 4: GENERAL INFORMATION

Who is authorized to pick-up the child? _____

Who is legally authorized to make decisions regarding the child? _____

Correspondence should be sent to: Both Parents _____ Mother _____ Father _____ Other: _____

Sibling Information:

Name: _____ Age/Grade: _____

Name: _____ Age/Grade: _____

Name: _____ Age/Grade: _____

Hobbies & Special Interests:

List hobbies or recreational activities, such as music, arts and sports. Indicate student’s familiarity with information technology

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that the personal information relating to you and your child is being collected for the proper administration of La Citadelle International Academy of Arts & Science only.

I/we hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete and all material information has been disclosed. In consideration of the acceptance of this application for admission, I/we agree to adhere to the code of behaviour, rules and regulations governing the school and to promptly pay fees and disbursements in accordance with the school guidelines outlined in Registration/Form S.

Date: _____ & _____
 _____ Father’s/Guardian’s signature _____ Mother’s/Guardian’s signature

SECTION 5: EMERGENCY AND MEDICAL INFORMATION

Name of Physician: _____ Telephone Number: _____
Area Code & Telephone #

Address of Physician: _____

Alternate Emergency Contact: _____ Telephone Number: _____
Area Code & Telephone #

Address of Emergency Contact: _____

Relationship to Student: _____ Immunization Record Submitted: ____ Yes ____ No

Specify any allergies, asthma or special needs the student has that we should be made aware of, what reaction(s)/symptom(s) the student will have and what treatment must be used.

Specify any serious health issue for which the student may need accommodation or assistance, including the details of such accommodation, emergency medical contact information, etc.

If the student is seeking accommodation for a disability or special circumstances requiring an IEP, please provide any information that you think would be helpful to the school in providing that accommodation, including reports and recommendations from speech therapists, psychologists, eye specialists, social workers, physiotherapists, or other health care workers, as applicable.

Please provide full details of the basis for which any accommodation is sought for the student, or any special medical needs that the school should be aware of in order to provide appropriate accommodation and supervision to the student.

Can your child fully participate in regular Physical Education and sports activities? If not, please explain any limitations or accommodations.

Specify any special diet and rest requirements for the student:

Provide a full history of the student communicable diseases if applicable:

Please read and complete each of the following:

1. To the best of my/our knowledge, my/our child is in good health. I/we hereby agree to inform the school immediately of any infectious disease to which my/our child has been exposed or of any changes to his/her medical condition.
2. In the event of injury and/or emergency at school or during any school activity, I/we grant permission to the Headmaster or any person acting on his behalf to administer first-aid, and to obtain and/or authorize the necessary medical treatment for my/our child.
3. In case of serious injury or emergency at school or during any school activity, I/we understand that the Headmaster or any person acting on his behalf will make the necessary arrangement to have my/our child transported by ambulance if hospitalization is required. I/we would prefer that our child be transported to the following hospital if possible: _____
4. In case of minor health problems such as headaches, stomach aches, ear aches, fever, etc, I/we authorize the school to give our child the following medication: Acetaminophen () Ibuprofen () Other: _____

5. In case prescribed medication is required to be administered to our child during school hours, we agree to submit a written note to the school stating all pertinent information related to such medication including specifics concerning dosage, frequency, storage, etc.

I/we understand that in case of any emergency, the school will make every effort to contact one of the parents or the emergency contact person named above. If no contact can be made, I/we grant permission to the Headmaster or any person acting on his behalf to authorize the necessary medical treatment for my/our child. We also understand that in the event of a medical emergency, a medical practitioner and/or the Headmaster or any person acting on his behalf can authorize medical care. It is understood that this consent and the information given above shall remain in effect until such time as we indicate any modification of it in writing.

Date: _____ & _____
Father's/Guardian's signature Mother's/Guardian's signature