

ENROLLMENT APPLICATION



Enrollment

Family Name:

Date of Application:

Office Use Only

Accepted by Admissions Committee

Date received:

Accepted by Finance Office

Application: Accepted / Denied
Start date:

Family

Student's Residential Address: _____

Email: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Student lives with: Both Parents Mother Father Guardian Other

Are there any custodial or legal arrangements of which the school should be aware?
(Copy of court/custodial documents may be required)

Parent

Father/Guardian Mr Dr Pastor

Name: _____

Address: _____

Country of Birth: _____

Language: (if other than English) _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile: _____

Email: _____ Fax: _____

Marital Status: Single Married Separated Divorced Widowed

Parent

Mother/Guardian Mrs Ms Miss Dr Pastor

Name: _____

Address: _____

Country of Birth: _____

Language: (if other than English) _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile: _____

Email: _____ Fax: _____

Marital Status: Single Married Separated Divorced Widowed

Privacy

I consent to having Genuine Learning Academy collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of GLA (1) for the purpose of establishing, maintaining, and terminating the student's or parent(s)'s relationship with GLA, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in GLA's Personal Information Privacy Policy, a copy of which is available upon request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of GLA.

This information is required in order to register your child at this school and assist the school administration in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer is the Principal.

Parent Initials: _____

Do you give permission for videos/photos to be taken at school of your child/children and/or work samples to be used by the school for promotional/publication purposes? Yes No

Residency Declaration

To be completed and signed by a parent or legal, court-appointed guardian. Legal guardians must attach a copy of the court order appointing him and/or her as the legal guardian.

Parent/Legal Guardian's Full Legal Name: _____

The parent/legal guardian named above is: (please check one)

- A Canadian citizen - born in Canada (attach copy of birth certificate)
- A Canadian citizen - not born in Canada (attach copy of citizenship paper/card)
- A landed immigrant - attach copy of the landed immigrant status paper/card
- Lawfully admitted into Canada - under one of the following documents (attach copy):
 - Admitted as a refugee claimant
 - Student authorization (Student Visa) for two or more years (issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomat or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - Document description (must be cleared with Immigration Canada)

The parent/legal guardian named above is a resident of British Columbia: (please check one)

- Yes No

Parent/Legal Guardian signature: _____

Date: _____

Church

Religion: _____ Denomination: _____

Church currently attending: _____

Pastor/Minister: _____

Address: _____

Involvement: High Medium Low

Medical

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Emergency Contact (#1): (If unable to reach parents) _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact (#2): (If unable to reach parents) _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Protocol

In the event any student requires assistance in a medical emergency, we will take action as deemed necessary. Every effort will be made to inform the parent/guardian immediately.

Comments

Why do you want your child/children educated in a Christian school?

Why did you choose Genuine Learning Academy?

Where did you hear about Genuine Learning Academy?

Declaration

I agree to support the mission, philosophy, vision and practices of Genuine Learning Academy and be responsible for the payment of all fees and charges. I am aware the Application Fee is not refundable. I understand that acceptance of my child/children will depend on the outcome of an interview and availability of places in the school, and that this Enrollment Application does not ensure enrollment.

Signed: _____ Date: _____
(Father/Guardian)

Signed: _____ Date: _____
(Mother/Guardian)

All information collected is treated in accordance with the school's Privacy Policy, which is available upon request from the Registrar. Any misleading or inaccurate information may render this application null and void, with enrolments resulting from this application being terminated.

Parent Checklist

Please include the following with your completed application:

- Copy of Birth Certificate or Immigration papers for child and parent
- Details of resident status (passport, study permit, etc.) for students born overseas
- Copies of the most recent School Reports
- Application Fee per student (non refundable)
- Completed Financial Application, Student Enrollment form(s)

Student Enrollment

Student's Name: _____
(Last Name) (First Names)

Date of Birth (dd/mm/yyyy): _____ / _____ / _____ Gender: M F

Country of Birth: _____ Citizenship: _____

Student Email: _____

Desired Level of Entry: Gr. 7 Gr. 8 Gr. 9

Is ESL support required? Yes No

Has the student received Special Education? Yes No

Has the student received Specialist Services? Yes No

Does the student have any Specialist reports? e.g. Psychological, Speech, etc. Yes No

Has the student been diagnosed with ADD or ADHD? Yes No

Disabilities: e.g. Intellectual, physical, behavioural disorder. (please provide details)

Learning Difficulties: (please provide details.)

Special Gifts/Talents: (please provide details.)

Schooling

How is the student managing at school?

Academically: V/Good Good Average Poorly V/Poorly

Socially: V/Good Good Average Poorly V/Poorly

Current School: _____

Telephone: _____ Grade: _____

Reason for Leaving: _____

Has the student ever been asked to leave a school or been refused enrollment? Yes No

If yes, please state reason: _____

Medical

Student's Personal Health Number (Care Card): _____

Private Insurance Information (International Students): _____

Please attach a copy of immunization records.

Does the student have any medical conditions, or history, of which we should be aware? (i.e. heart condition, diabetes, asthma, severe allergies, etc.) Yes No

If yes, please provide details: _____

In cases of asthma, epilepsy, etc. please provide date of last incident: _____

Is the student taking any medication on a regular basis? Yes No

Has the student received Special Education? Yes No

If yes, please provide the name(s) of medication: _____

Will the student need to take this medication while at school? Yes No

Please note that the school cannot administer any medications without written parental/guardian permission.

Please use this space if there is anything else you want us to know about the student:

Emergency protocol

In the event any student requires assistance in a medical emergency, every effort will be made to inform the parent/guardian immediately. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parent(s)/guardian(s) until successful.

Church

Religion: _____

Applicant baptized

Membership held at: _____

2019/2020 Domestic Tuition Fee Schedule

• **Registration Fee**

Early rate \$100
 Regular rate \$150

*Registration fee is non-refundable.

• **Tuition Fee**

\$500 /month (X 10 months)

Following Fees apply to Canadian Citizens, permanent residents, and refugees.

Canadian Citizen/Permanent Resident Tuition	\$500 / Month
Facility Damage Deposit	\$150

* *Damage Deposit is due on the first day of School in September. It will be refunded at the end of school year upon the condition that there was no damage done by the student at school.*

** *There will be a separate cost for **School uniforms & Activity and Field Fee & School Bus Ride (optional)***

*** *School hours are from 8:30am-3:05pm*

Tuition Policy

1. Standard tuition rates apply to all students admitted to the school.
2. Tuition for the year is due the first day of the school year in September. To assist Genuine Learning Academy families, the following options are available:
 - **Annual Payment** - Payment may be made by cash, cheque or money order. Any cheques for Annual payment should be dated September 1st and submitted to the business office by June 30 prior to the start of the school year.
 - **Monthly Payments** - Monthly tuition is due on the first day of each of the 10 months that school is in session (September to June). These payments must be made by pre-authorized debit. In the event that the pre-authorized debit is rejected by the family's financial institution, a \$50 late payment fee will be charged.
3. Family Discount for Tuition: the family discount includes 15% for the second child, 25% for the third child and 50% discount for the fourth child (etc.) in one family.
4. When a student voluntarily withdraws from the school for any reason, one full calendar month's notice must be given or 10% of the annual tuition fee paid.
5. Inability to comply with any of the above policies must be communicated to the Director of Finance and alternate arrangements may be available if extenuating circumstances exist.

FINANCIAL APPLICATION

Account

Father's Name: _____

Mother's Name: _____

Legal Guardian (if applicable): _____

Person Responsible for Account/Tuition:

name: _____

signature: _____

Current (Canadian) Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____

Method of Payment

Method of payment: Credit Card Pre-authorized VISA/MC Wire Transfer/Draft

Credit Card: VISA MC # _____ Exp: _____ / _____

Signature: _____ Date: _____

*If paying with Pre-authorized Debit, please fill out, SIGN, and submit the pre-authorized debit form with a void cheque attached to it.

STUDENT COVERED ON THIS ACCOUNT
(list students in DESCENDING order by grade):

LAST Name, FIRST Name	Grade	Reg. Fee	Tuition	%Discount	VSTA	Total Monthly Fee
				0%		
				15% ()		
				25% ()		
				50% ()		
Total Monthly Fees						

Mailing Address (Foreign)	
Street:	_____
City:	_____
Province:	_____
Postal Code:	_____
Telephone:	_____

Office Use Only				
	Date	Amount	No.	Initial
General fee paid:	_____	_____	_____	_____