



GENUINE LEARNING ACADEMY

24687 56 Ave, Langley City, BC V2Z 1B9
P: (604) 857-2870 E: info@GLAschool.com
<http://www.glaschool.com/>

Student Enrollment Application

Date Received: _____
Date Processed: _____

Student Enrollment Application Checklist

A. DOMESTIC STUDENT

- Completed Student Application
 - Application Processing Fee
 - Principal Interview
 - Proof of Canadian Citizenship/Status - A photocopy of the Birth Certificate, Passport and/or Landed Immigration Status (English Translation)
 - Medical Vaccination Records (English Translation)
 - Photocopies of School Report Cards received in the last two years (English Translation if necessary)
 - Financial Form completed - see Application Form
 - Medical Report - including allergies and other health concerns and medications (if applicable)
 - A photocopy of the BC Health Card
 - Proof of Canadian Address - ex. Utility Bill
 - Verify Passport Validity**
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B. INTERNATIONAL STUDENT

- Completed Student Application (in English)
- Application Processing Fee
- Principal Interview
- A photocopy of the Birth Certificate (English Translation) and Passport
- A photocopy of the Canadian Study Visa
- A photocopy of the Passport and/or Landed Immigration Status of the Parents or Guardian (English Translation if necessary)
- Medical Vaccination Records (English Translation if necessary)
- Photocopy of School Report Cards received in the last two years (English Translation if necessary)
- Financial Form completed - see Application Form
- Medical Report - including allergies, other health concerns and medications (if applicable)
- A photocopy of the BC Health Card
- ESL - English as a Second Language Assessment Results
- Proof of Canadian Address - ex. Utility Bill
- Verify Passport Validity**

Note: Documents requiring authentication and translation must be notarized by a licensed Notary.

*** Upon payment of fees and the required documents listed above, GLA will issue a receipt for the amount duly paid and a Letter of Acceptance addressed to the student.**

Student Information

Legal Name: _____ Date of Birth: _____ Male Female
Surname First M.I. MM DD YYYY

Status in Canada: Citizen Permanent Resident Other: _____ SIN: _____

Home Address: _____
Street Number City Province Postal Code

Phone: () _____ Email: _____ Language at Home: _____

Current Grade: _____ Desired Level of Entry: _____ English Proficiency: _____

Current School & Address: _____ Public Private Other

Academics: Above Average Average Below Average Social Skills: Above Avg Avg Below Avg

Reason for Leaving: _____

Does the child have siblings enrolled in GLA? YES NO
 If yes, describe: _____

Has the child been refused enrollment or asked YES NO
to leave an institution? If yes, describe: _____

Has the child taken an IEP or other program? YES NO
 If yes, describe: _____

Does the child require other educational support? YES NO
 If yes, describe: _____

Family Information

PARENT/GUARDIAN 1: _____ PARENT/GUARDIAN 2: _____

Title/Status: _____ Title/Status: _____

Relation to Student: _____ Relation to Student: _____

Occupation: _____ Occupation: _____

Home Address: _____ Home Address: _____

Home / Cell / Work: () _____ Home / Cell / Work: () _____

Home / Cell / Work: () _____ Home / Cell / Work: () _____

Email: _____ Email: _____

Child lives with: Mother Father Both Other: _____

Describe, if any, legal or custodial arrangements regarding the child (Copy of documents may be requested):

Education

Elementary: _____ From: _____ To: _____ Graduated: YES NO
 Year: _____
Address: _____

Middle: _____ From: _____ To: _____ Graduated: YES NO
 Year: _____
Address: _____

High School: _____ From: _____ To: _____ Graduated: YES NO
 Year: _____
Address: _____

Other: _____ From: _____ To: _____ Graduated: YES NO
 Year: _____
Address: _____

Student Medical Form A – History

Personal Health Number: _____ Expiry: _____

Private Insurance: _____ Plan ID: _____ Expiry: _____

Does the child have or a serious medical condition? (ex. heart disease, diabetes, asthma, severe allergy, etc.): YES NO

If yes, describe: _____

In the case of asthma, epilepsy or other, the last episode occurred on: _____

Does the child have a medication schedule? YES NO If yes, describe: _____

Does the child require medication at school? YES NO If yes, describe: _____

Please note that the school cannot administer any medications without written consent by a Parent or Legal Guardian.

Has the child been diagnosed with a disability? YES NO If yes, describe: _____

Has the student received Special Education? YES NO If yes, describe: _____

Does the child have other medical conditions? YES NO If yes, describe: _____

Any other comments regarding the child: _____

Medical Form B – External Contacts

Emergency Protocol

In the event of a medical emergency regarding a student, every effort will be made to immediately inform the Parent/ Guardian. If the school is unsuccessful in reaching the contact person, we will take necessary action and continue to reach out to the Parent/Guardian.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Emergency Contact 1: _____ Phone: _____

Relation to Child: _____ Address: _____

Emergency Contact 2: _____ Phone: _____

Relation to Child: _____ Address: _____

Residency Declaration

To be completed and signed by a Parent or Legal Guardian

Parent/Legal Guardian Full Name: _____ Resident of British Columbia: Yes No

The Parent/Legal Guardian named above is (please check one):

- A resident of British Columbia
- 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)

Parent/Legal Guardian Signature: _____ Date: _____

Homestay

Describe the child's personality: _____

Describe the child's hobbies: _____

Describe the preferred type of homestay: _____

Dietary restrictions or preferences: _____

Are you ok with pets in the homestay? YES NO

Other requests: _____

Faith / Religion

Church: _____ Denomination: _____

Address: _____ Phone: _____

Pastor: _____ Involvement: _____

Comments

Why do you want the child to enroll in a Christian school? _____

How did you hear about GLA? _____

Why did you choose GLA? _____

Other Comments: _____

Declaration

GLA curriculum bases its core upon God's grace and mercy, and it's reflected in all of our teachings and decision-making. Our educational model caters to each student's ability, interests, and goals. We believe our teachers and staff are morally obligated to be knowledgeable, interactive, and attentive to each student. Thus, our students experience a positive space to explore our comprehensive program.

Our customized learning approach seeks to inspire and engage students to identify their God-given talents. GLA provides a safe, caring, creatively stimulating environment to foster character-building through God's word. GLA encourages students to be active participants in their own learning path and become young Christian Leaders.

GLA is family-oriented, and as a family, we support each other. For this reason, GLA parents/guardians will be required to make a commitment of service to the school regularly.

I certify that my answers are true and complete to the best of my knowledge.

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

Signature: _____ Date: _____
(Father/Mother/Guardian)

Signature: _____ Date: _____
(Father/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.

Privacy

I consent to having Genuine Learning Academy collect personal information that may include identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioral, 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.

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

2021/2022 International Tuition Fee Schedule

All amounts in Canadian dollars (CAD) unless otherwise indicated.

Domestic Student	Fees
Registration Fee (Non-Refundable)	\$300
Tuition	\$7,000
Total	\$7,300
International Student	Fees
Registration Fee (Non-Refundable)	\$300
Tuition	\$14,400
Total	\$14,700

* Fees for School Field Trips are NOT included in this schedule and will be additional costs which each student will be asked to pay.

International Student Services (Optional)	Fees
Airport Pick-up	\$100
Homestay Placement (Non-Refundable)	\$350
Insurance (10 months)	\$900
Homestay (10 months)	\$12,000 ~ 20,000
Total	\$13,350 ~ 21,350

Financial Application - Account Holder Information

Father's Name: _____

Mother's Name: _____

Legal Guardian: _____

Account Holder: _____

Canadian Address: _____
Street Number City Province/Country Postal Code

Phone / Email: _____

Method of Payment: E-Transfer Wire Transfer Bank Draft

Please Direct E-Transfer/Wire Transfer to: **INFO@GLASCHOOL.COM**

Please Direct Bank Drafts to: **GENUINE LEARNING ACADEMY FOUNDATION**

Signature _____ Date: _____

Foreign Mailing Address – If Applicable

Street: _____

City: _____

Province: _____

Postal Code: _____

Phone _____

Office Use Only

Date Received Amount Number Initials

General Fee: _____