

Glenburnie School



ADMISSION APPLICATION

This form should be completed by Parent or Guardian and sent to:

Glenburnie School
2035 Upper Middle Road East, Oakville, L6H 7G6 CANADA
(905) 338-6236 Fax: (905) 338-2654
www.glenburnieschool.com

Student's Name _____ Female Male

Birthdate: Day _____ Month _____ Year _____ Commonly Used Name: _____

Application for Grade _____ A.M. _____ P.M. _____ for the school year beginning September, _____

Father's Name _____ Telephone () _____

Home Address _____ City _____ Postal Code _____

Occupation _____ Business Title _____

Business Name _____ Bus. Phone () _____

Address _____ City _____ Cell Phone () _____

Email Address _____

Mother's Name _____ Telephone () _____

Home Address _____ City _____ Postal Code _____

Occupation _____ Business Title _____

Business Name _____ Bus. Phone () _____

Address _____ City _____ Cell Phone () _____

Email Address _____

If Parents are separated or divorced, please indicate with whom child is living: Mother _____ Father _____

Present School _____ Grade _____

School Address _____ Postal Code _____

Principal _____ Telephone () _____

Signed (Mother) _____ **Signed (Father)** _____ **Date** _____

***Please enclose copies of student's previous Report Card(s), completed Health Information Sheet, Registration Agreement, Birth Certificate and Immunization Card. The completed Immunization Form must be received prior to September. Upon acceptance of student, please submit a recent family photograph.**

* In accordance with PIPEDA, your personal information will be used solely for communication purposes regarding Glenburnie School.

Glenburnie School



REGISTRATION AGREEMENT

In consideration of the acceptance by Glenburnie School of _____
(Name of Student)

as a student, we agree to pay all tuition fees, deposits, dues, accounts and other indebtedness incurred by the student or on the student's behalf. We understand that the obligation to pay the tuition fees for the full academic year is unconditional and that no portion of such fees so paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal of the above student from the school.

We further understand that:

(a) The fee structure will be as follows:

Deposit of \$1 000.00 due January 31st or upon acceptance of student. Please note this deposit is non-refundable. Please refer to fee schedule for payment structures.

(b) Accounts unpaid for 30 days will accumulate interest at 1½% per month or part thereof from billing date to date of payment.

(c) No student will be admitted for an academic year if any indebtedness to Glenburnie School with respect to the previous academic year remains unpaid, including interest.

(d) Should any outstanding accounts exist, the re-registration deposit may, at the option of Glenburnie School, be credited towards any outstanding accounts.

Please note that re-registration and re-enrollment of the student will not proceed until all accounts are settled and paid in full.

Signature of Parent or Guardian who is financially responsible for the student:

Signature: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Signature: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Please note that this document is to be considered only as an application for registration unless and until the above student has been accepted and such acceptance is confirmed by receipt of your deposit.

Glenburnie School



Permission to Release School Records to Glenburnie School

Student's Name: _____ Grade: _____

Present School: _____

I grant permission to the proper authorities at _____

School to release a copy of the following parts of my child's record to Glenburnie School in the following Confidential School Report:

- Official Administrative Record (name, address, birthdate, grade level completed, grades, class standing, attendance record)
- Standardized Achievement Test Scores
- Intelligence and Aptitude Test Scores
- Teacher and/or Counsellor Observations and Comments
- Family Background Data

Other _____

Signature of Parent or Guardian _____ Date _____

Glenburnie School



HEALTH HISTORY OF: _____

First Name

Middle Name

Last Name

Birthdate: _____ Height: _____ Weight: _____

Please briefly comment on your child's overall health: _____

If your child is not able to participate in certain athletic and school activities, please outline: _____

Has your child ever had his/her eyes tested by a vision specialist? _____ Result? _____

Has your child ever had his/her hearing tested by a specialist? _____ Result? _____

*Assessments dated within 6 months of school are requested.

***Immunization Card** - A completed immunization card **must** be submitted prior to September 1st.

Does your child have frequent colds? _____

Tonsilitis? _____ Stomach Aches? _____ High Fevers? _____

Does your child have allergies? _____

Hay Fever? _____ Asthma? _____ Animals? _____

Insect Bites? _____ Other? _____

Briefly explain child's reaction to any of these allergies and any medication taken for these: _____

Does your child have a diagnosed condition? _____

Does your child have any congenital problems/issues? _____

Is your child receiving a medication program? _____

Please give the name of someone, other than parent or guardian, who can be contacted in case of an emergency:

Name: _____ Relationship: _____

Telephone: (H) _____ (B) _____

Name of Physician: _____

Address: _____

Telephone: _____ Child's Health Card No.: _____

Thank you for answering these questions. We hope this will better enable us to meet your child's needs and make his/her days at Glenburnie School pleasant and productive.

Signature of Parent or Guardian _____ **Date** _____

Glenburnie School



CONFIDENTIAL TEACHER OBSERVATIONS

This form should be given to your child's present teacher to respond to the information requested.

_____ is a candidate for admission to
Grade ____ at Glenburnie School. Glenburnie School is a Prekindergarten-Gr. 8 co-educational day school.

Your frank evaluation with this assessment would be greatly appreciated. This information will be used in the admissions process only and will not be placed in the student's permanent file. Thank you for your time and effort on behalf of the student. Please mail or fax this form directly to Glenburnie School.

Name of individual completing recommendation form _____

How long have you known the applicant? _____ In what capacity? _____

In relation to other students in the applicant's age group, please rate the candidate in the following areas:

	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic potential					
Overall academic achievement					
Writing ability					
Oral expression					
Overall reading ability					
Mathematical ability					
Study habits					
Initiative					
Creativity					
Shows intellectual curiosity					
Task completion					
Personal integrity					
Emotional maturity					
Demonstrates positive self-concept					
Conduct/Self-discipline					
Relationship to peers					
Reaction to criticism					
Applies good judgement					
Demonstrates concern for others					



Please comment on the applicant's:

Academic Strengths: _____

Academic Weaknesses: _____

Are there any areas where we should give additional help and encouragement to this applicant? _____

Has the candidate been the subject of major or ongoing disciplinary action? _____ If yes, please explain.

How supportive is the student's family of your school's program and teachers? _____

Please comment on any extra curricular participation: _____

Does the student participate in any special or withdrawal programs (gifted, enriched, remedial)? _____

Has there been a formal school/teacher request for a psychological assessment to determine learning disabilities? _____ If **yes**, when was testing completed? _____

Everything considered, how would you describe the applicant?
As a student: (Comments) _____

As a person: (Comments) _____

All Standardized Test Scores (if available):

Name of test: _____

Dates Administered: _____ Score(s): _____

Comments: _____

***If you feel additional elaboration is required regarding a particular academic, social or health concern, please attach comments to this sheet.**

Are there additional comments you would like to make via telephone? _____

Signature: _____ School Name: _____

School Address: _____ City: _____ P.C.: _____

Date: _____ School Phone #: _____

Thank you. We appreciate the time you have spent in completing this form.