

# 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 31<sup>st</sup> 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.**

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## 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 1<sup>st</sup>.

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** \_\_\_\_\_

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## 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.