

St. Lawrence Academy



Where Every Student Thrives

560 Edward Street
 Prescott, ON K0E 1T0
 Phone: (613)925-5600
 Fax: (613)925-0775

Website: www.stlawrenceacademy.ca



Application for Admission

Please complete each section in **BLOCK LETTERS** using Black Ink

Section 1: CHILD'S PERSONAL DETAILS

First Name		Last Name		Middle Initial	
Date of Birth MM/DD/YYYY		Place of Birth			
Health Card Number		Expiration Date			
Nationality		Male		Female	
Address					
Family Email					
Parent's Telephone Numbers	Residence		Mobile Spouse 1:		
			Mobile Spouse 2:		

Name and grade of any brother(s)/sister(s) already attending the school _____

Language(s) commonly spoken at home: (1): _____ (2): _____

Referred to SLA by: _____

Section 2: ACADEMIC DETAILS

Class in which admission is sought: _____

Name(s) of school(s) attended in the past and dates of attendance:

Name of School (Any City/Country)	Class	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: PERSONALITY AND HEALTH

Has student ever been suspended or dismissed from school? Yes No

If YES please attach explanation

Has student received psycho-educational assessment testing? Yes No

If YES please attach most recent report.

Has your child experienced any significant illnesses? *Allergies/surgeries/ailments/disorders*

Doctor's Name	<input type="text"/>	Last Appointment:	<input type="text"/>
Office Address	<input type="text"/>		
Office Telephone	<input type="text"/>	Office Fax	<input type="text"/>
Dentist's Name	<input type="text"/>	Last Appointment:	<input type="text"/>
Office Address	<input type="text"/>		
Office Telephone	<input type="text"/>	Office Fax	<input type="text"/>
Health Insurance Company	<input type="text"/>	Policy Number	<input type="text"/>

MEDICAL EXAMINATION - TO BE COMPLETED BY YOUR PHYSICIAN

Required only for non-permanent residents of Ontario

Height _____ cm/in Weight _____ kg/lb

Eyes, ears, nose, throat _____

Cardiac system _____ Blood pressure _____ / _____ mm Hg

Respiratory system _____

Gastrointestinal system _____

Musculoskeletal system _____

TESTS REQUIRED:

TB (2 step Mantoux) for all boarding students Urinalysis _____

Date _____ Results _____ HbSAg _____

(All students who have lived outside Canada or U.S.A.

and have not been immunized)

Date _____ Results _____

Chest x-ray if indicated Results _____ **Immunization up to date: Yes No**

Signature of Physician _____ Date _____

Section 4: PARENT / GUARDIAN DATA

Name 1		D.O.B.: MM/DD/YYYY	
Profession		Designation	
Home Address			
Organization		S.I.N. Number	
Office Address			
Office Telephone		Fax No:	
Email:			

Name 2		D.O.B.: MM/DD/YYYY	
Profession		Designation	
Home Address			
Organization		S.I.N. Number	
Office Address			
Office Telephone		Fax No:	
Email:			

If Natural Parents are not together, please provide the following information:

Father deceased Mother deceased Separated Divorced

To whom should general correspondence be sent? Name 1 Name 2 Both Guardian

Guardian		D.O.B.: MM/DD/YYYY	
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Relation To Child		Profession	
Organization		S.I.N. Number	
Office Address			
Office Telephone		Fax No:	
Email:			

Section 5: In Case of EMERGENCY

Name of Contact	Relationship	Phone 1	Phone 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6: DECLARATION

___ I authorize St. Lawrence Academy to provide emergency medical care and ongoing health care support to my child, while he/she is a student at the Academy.

___ It is understood and agreed that the St. Lawrence Academy publishes a variety of information including, but not limited to advertisements, flyers, magazine and newspaper articles, films and a website. I give permission for my child(ren)'s photograph, video clipping to be published.

___ I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

Signature of Parent/ Guardian

____/____/____
Date

Section 7: Financing

- I will be applying for Apple Financial Assistance
- I have already submitted my Apple Financial Application
- I will not be applying for Apple Financial Assistance

Section 8: ADMISSION PROCEDURE

1. *The completed admission form along with the copies of immunization records and the \$500.00 registration fee (non-refundable) must be submitted to the school office to secure a position.*
2. *After the admission form has been processed, a date is given for the applicant's academic entrance assessment (Reading, Writing and Arithmetic) for Grades 1 through 8.*
3. *Parents are informed of the outcome within one week of the written test date. If a position is offered, the child's admission / enrolment must be confirmed with the signing and submission of a Tuition Contract along with all dues owed. Should a family be waiting on a response regarding financial aid, a minimum of \$500.00/month will be owed.*
4. *If, within two weeks, enrolment is not confirmed, the child's spot will be opened for another candidate.*

FOR OFFICE USE ONLY

Application Check By

Registration Deposit Paid On: ___/___/___

Immunization Record Provided Yes:

Cash Credit Check

Photograph Provided Yes:

Check Nos:

OSR & School Doc. Provided: Yes:

Tuition Fee:

Academic Assessment Complete Yes:

Payment Option: 1-FULL 2-MONTHLY 3-TERM

Apple: YES NO

Child Interviewed By: _____

Contract Signed: ___/___/___

Parent Interviewed By: _____

Total due: \$_____.

Child spent the day on: ___/___/___

Application Accepted / Denied A D

Reasons:

Signature of Head of Academics

Signature of Head of School