



RICHLAND ACADEMY

Application for Enrolment 2007/08

Please print. Include detailed information wherever possible.

A Student Information

Name: _____ Male Female
family name *given names*

Home Address: _____

Home Phone Number(s): _____

Date of Birth: _____ Citizenship: _____
day / month / year

Current Grade: _____ Applying for Grade: _____

Present School & Address: _____

B Parent/Guardian Information

#1	#2
Name: _____ <i>family name</i> <i>given names</i>	_____ <i>family name</i> <i>given names</i>

Relationship to Student: _____	_____
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Home Address: _____	_____
_____	_____

Phone Numbers: _____	_____
<i>home</i> <i>other</i>	<i>home</i> <i>other</i>

Email Address: _____	_____
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Are there any legal orders or agreements pertaining to custody/access of the child? Yes No
If there are any restrictions in terms of custody or access, please attach the legal document that sets out these restrictions.



C Student Information, cont'd

How would you describe your child? Describe his/her personality and characteristics.

What activities and interests does your child enjoy?

What do you know about Richland Academy that makes you believe our school will benefit your child?

D Health Issues

If your child is unable to participate in any school activities, such as athletic activities, please specify:



E Questionnaire

1 Has your child had his/her eyes tested within the past year?

No Yes, Results _____

2 Does your child wear glasses? No Yes

3 Has your child had his/her hearing tested within the past year?

No Yes, Results _____

4 Does your child require preferential seating due to hearing or vision problems?

No Yes, Explain _____

5 Does your child have any medical condition of which we should be aware?

No Yes, Explain _____

6 Date of last physical examination: _____

7 Does your child have asthma or allergies?

No Yes, Explain _____

8 Does your child carry an EPI-PEN?

No Yes, Explain _____

9 Does your child have any health or religious dietary restrictions?

No Yes, Explain _____

10 Has your child had any communicable disease such as chicken pox, mumps, etc.?

No Yes, Explain _____

11 Does your child take any medication on a regular basis?

No Yes, Specify dose, frequency, etc. _____

12 Has your child ever been subject to major disciplinary action (suspension, expulsion) in any school?

No Yes, Please provide details: _____



Questionnaire, cont'd

13 Has your child ever received speech therapy?

No Yes, Explain _____

14 What languages are spoken at home? _____

15 Has your child ever had a psycho-educational assessment?

No Yes, A copy of the report is attached.

16 Has your child ever repeated a grade?

No Yes, Explain _____

17 Has your child been involved in any special education program?

No Yes, Explain _____

18 Has your child been in a French Immersion program? No Yes

19 Is your child being tutored? If so why? Where?

No Yes, _____

20 Will your child require bussing? (fees will be dependent on number of students requiring the service)

No Yes

21 Will your child require the Before School Program? No Yes

22 Will your child require the After School Program? No Yes



F Application Fee and Acceptance

- I have enclosed a cheque made payable to Richland Academy in the amount of \$250.00 as the non-refundable application fee.

- I have attached proof of my child's date of birth.

- I understand that to complete the application, Richland Academy will request my child's report cards and will request family interviews. Richland Academy may also request communication with former school(s) where appropriate, a review of assessments, etc. I agree that Richland Academy retains the right to complete discretion to accept or reject any application. Application fees are non-refundable.

- I have read, understand, and agree to be bound by the terms of Richland Academy's Family Handbook and the policies included therein. I agree to be bound by any new policies or revisions to existing policies and understand that these additions and revisions may occur from time to time.

- I, _____, parent/guardian of my child _____ hereby authorize the Richland Academy Board, Administrators and Staff to engage in the following:
 - To have access to, and to make and receive copies of my child's academic records;
 - To receive information about my child from current and/ or previous schools;
 - To disclose information about my child to other schools to which my child has applied.

- I also authorize my child's current and former schools to disclose information and/or documents to Richland Academy.

I consent to the collection, retention and disclosure of the above information for use by Richland Academy for school purposes only.

Signature of Parent/Guardian

Date



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Please take the time to ensure that all forms have been completed and that all additional information has been included in your application.

Mail your completed application to the following address:

Richland Academy
11570 Yonge Street
Richmond Hill, Ontario L4E 3N7
Canada

Thank you for choosing Richland Academy for your child!

We will contact you as soon as your application has been processed. If you have any questions, please contact us at the number below:

phone 905.224.5600
