



ENROLMENT APPLICATION

A completed Application form with all requirements and a 10% deposit must be submitted to King Heights Academy to secure a placement for each student.

We require the following to be included with your application:

- a) A recent photograph of your child.
- b) Completed and updated Immunization Record.
- c) Chosen payment and all accompanying installment cheques (please see our Fee Schedule).
- d) A copy of your child's most recent progress report. (If the student is transferring from another school or Ministry of Education Program).
- e) A copy of your child's Birth Certificate.

King Heights Academy reserves the right to accept or reject the enrolment of any child after consultation with the parents and teacher if this action will benefit the child, the class or the school as a whole.

As a condition of acceptance at King Heights Academy, it is understood that the rules and regulations (policies and procedures) of the school will be observed.

All tuition payments must be by cheque, bank draft, money order, credit card (Mastercard or Visa), e-transfer (payments@kingheightsacademy.com), post-dated cheques and must be submitted with the registration forms. All post-dated cheques must be dated for the first day of each month and the deposit cheque must be dated with the current date. All registration paperwork must be completed and all post-dated cheques must be received before enrolment can be confirmed.

The registration fee and security deposit are non-refundable after acceptance by King Heights Academy and cannot be applied to an outstanding fee or transferred to another student. Any student withdrawing from King Heights Academy without completing the full academic year will not be entitled to a refund of their security deposit or remainder of tuition fees paid. A processing fee of \$50.00 will be charged for all NSF cheques. Interest will be charged at the rate of 2% per month on all overdue amounts. Any defaults in payments may result in the expulsion of your child from the school. No refunds or credits will be given for a child's absence for any reason. A 5% sibling discount will apply for siblings.

Thank you for choosing King Heights Academy.



REGISTRATION FOR THE ACADEMIC YEAR

STUDENT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Age as of September 1 _____ Male / Female
D M Y

Home Address: _____

City/Town: _____ Postal Code: _____ Home Tel: _____

Grade applying for: _____ Sport: _____ Individual Education Plan: Yes / No

Previous School: _____

Current Organization & Team: _____

Level: _____ Position: _____ Total Years Played: _____

Has the student ever had an injury? Details: _____

Sibling Name (attending King Heights Academy): _____ Grade: _____

Before School Care Program required: (8:00am – 9:00am) Yes / No

After School Care Program required: (4:00pm – 5:00pm) Yes / No

PARENT INFORMATION

Parent's First Name: _____ Parent's Last Name: _____

Address (if different from above): _____

Home Tel: _____ Business Tel: _____ Cell Phone: _____

Profession/Business Title: _____ Email: _____

Parent's First Name: _____ Parent's Last Name: _____

Address (if different from above): _____

Home Tel: _____ Business Tel: _____ Cell Phone : _____

Profession/Business Title: _____ Email: _____

OFFICE USE ONLY

Academic Year: _____ Start Date: _____ Medical Form: _____



STUDENT INFORMATION

1. Has your child been involved in any special educational program? Yes / No

Details

2. Has your child ever repeated a grade? Yes / No

Details

3. Does your child require preferential seating? Yes / No

Details

4. Is your child being tutored? Yes / No

Details

5. Has your child ever had a professional academic or behavioural assessment done? Yes / No

Details

6. Does your child participate in any team sports? Yes / No

Details

7. Does your child play any instruments? Yes / No

Details

8. Does your child have any health or religious dietary restrictions? Yes / No

Details

9. What languages are spoken at home? Yes / No

Details

10. Are there any legal orders or agreements pertaining to custody/access of the Child? Yes / No
If yes, please attach the legal documentation.

11. Is there anything else you would like us to know about your child? Yes / No

Details



MEDICAL HISTORY

Student Name: _____ Health Card Number: _____

Family Physician's Name, Address and Phone number: _____

Copy of Immunization record received ☐ Yes *(If student is not immunized, a statement from a parent or MD as to why child should not be immunized must be attached.)*

1. Does your child take medication on a regular basis? ☐ Yes ☐ No

Please list medication and dosage _____

2. Does your child have any medical condition(s) we should be made aware of? ☐ Yes ☐ No

Please explain: _____

(Please provide a doctor's referral letter to be kept in student's file.)

3. Does your child wear glasses? ☐ Yes ☐ No

Please explain: _____

4. Does your child suffer from any severe allergies? ☐ Yes ☐ No

Please explain: _____

5. Is your child anaphylactic? ☐ Yes ☐ No

Please explain: _____

6. Does your child require an EPI-PEN? ☐ Yes ☐ No

7. Does your child have a history of a communicable disease? ☐ Yes ☐ No

Please explain: _____

8. Is your child capable of participating in all school sport activities such as physical education and competitive sports?

☐ Yes ☐ No

9. Has your child ever had an eye exam? ☐ Yes ☐ No

Please explain: _____

10. Is your child asthmatic? ☐ Yes ☐ No

Please explain: _____

11. Does your child suffer from mild or severe headaches? ☐ Yes ☐ No

Please explain: _____



STUDENT EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____ BIRTHDATE (DD/MM/YY): _____

ADDRESS: _____ POSTAL CODE: _____

PARENT/ GUARDIAN 1

NAME: _____

ADDRESS: (IF DIFFERENT FROM CHILD'S): _____ POSTAL CODE: _____

TELEPHONE: H: _____ W: _____ C: _____

EMAIL: (PLEASE PRINT CLEARLY): _____

PARENT/ GUARDIAN 2

NAME: _____

ADDRESS: (IF DIFFERENT FROM CHILD'S): _____ POSTAL CODE: _____

TELEPHONE: H: _____ W: _____ C: _____

EMAIL: (PLEASE PRINT CLEARLY): _____

EMERGENCY CONTACTS (If for any reason the parent/ guardian(s) cannot be reached we will contact the individuals below.)

NAME AND PHONE NUMBERS

1. _____ H: _____ W: _____ C: _____

1. _____ H: _____ W: _____ C: _____

PICK UP AUTHORIZATION (If the parent/ guardian(s) cannot pick up the child the child can be picked up by the individuals below.) **NAME**

AND PHONE NUMBERS

1. _____ H: _____ W: _____ C: _____

1. _____ H: _____ W: _____ C: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____ PHONE NUMBER: _____

STUDENT'S HEALTH CARD NUMBER: _____

DOES THE CHILD HAVE ALLERGIES? YES / NO (CIRCLE ONE) ALLERGIC TO: _____

EPIPEN REQUIRED YES / NO (CIRCLE ONE) EPIPEN EXPIRY DATE: _____



PAYMENT OPTIONS

- Option 1 Upon Acceptance (Non-refundable deposit of 10%)
Tuition Fee (1 payment at time of registration, less 2% discount fee if paid by certified cheque, e-transfer money order or wire transfer)
Registration Fee (one time, non-refundable)
- Option 2 Financing Plan (1.5% fees apply)
Upon Acceptance (Non-refundable deposit of 10%)
Tuition Fee (3 payments made by Credit Card, e-transfer, or post-dated cheques on August 1st, October 1st, December 1st)
Registration Fee (one time, non-refundable)
- Option 3 Financing Plan (3% fees apply)
Upon Acceptance (Non-refundable deposit of 10%)
Tuition Fee (7 payments made by Credit Card, e-transfer, or post-dated cheques on August 1st, through February 1st)
Registration Fee (one time, non-refundable)

All tuition and fees are made out to King Heights Academy Inc.

It is hereby understood that acceptance of this application for enrolment constitutes agreement for the undersigned parent or guardian to pay the full tuition and general fees for the school year. King Heights Academy retains the right to accept or reject any application. Application fees are non-refundable. I/We understand that if there is a breach of this agreement either by parent or child, it may result in grounds for the student dismissal from King Heights Academy.

Signing of this application gives permission for the student named above to take part in all school activities, including sports and trips away from school premises, use of monitored internet access, and absolves the school from liability for any injury incurred by the student at school or during a school activity. School trips away from the school premises will require a separate permission form to be completed and returned.

I/we do / do not authorize King Heights Academy to use _____ name and photo(s) for school advertising.
Student's Name

Parent or Legal Guardian _____ Date _____

Date of admission: _____ Date of discharge: _____



CONFIDENTIAL 2020-2021 ENROLMENT FORM AND AGREEMENT

I hereby apply for enrolment of my child _____
First Name Last Name

as a _____ grade student at King Heights Academy for the 2020-2021 school year.

Date of Birth: _____ Home Tel: _____ Mobile Tel: _____
Day/Month/Year

Home Address: _____

City/Town: _____ Postal Code: _____

Mother's Name: _____ Mobile: _____
First Name Last Name

Father's Name: _____ Mobile: _____
First Name Last Name

The terms and conditions of said enrolment are set forth within this 2020-2021 **Enrolment Form and Agreement** ("The Agreement") as follows:

1. I agree to pay to King Heights Academy all non-refundable applicable tuition, fees, and charges, including:

- (a) Tuition for the 2020-2021 school year. A \$2500 deposit is due for priority enrolment.
- (b) *Materials \$375.00* due with enrolment form.
- (c) *Registration Fee of \$375.00*. This fee will be charged to all new students for the first school year and must accompany this form.

2. I understand that I may choose one of the three tuition plans. (Please check one plan.)

() 1. Full payment - Pay entire amount by July 15, 2020. (*A 2% discount will apply.*)

() 2. Deposit with Full payment - Deposit (paid by July 15, 2020)

Pay entire amount minus the deposit (already paid) paid between July 31, 2020 and August 1, 2020 (*A 1% discount will apply.*)



() 3. Deposit of \$2500 with Three (3) installment payments

1st payment: 1/3 of the remaining tuition post-dated August 1, 2020

2nd payment: 1/3 of the remaining tuition post-dated October 1, 2020

3rd payment : 1/3 of the remaining tuition post-dated December 1, 2020

*All Tuition Fee payments (cheques or post-dated cheques) are due by July 15, 2020.

**Materials Fee payments due by July 15, 2020.

*** The monthly and three installment payment plan is for the convenience of parents. In the event of the early withdrawal of a student, parents/guardians are responsible for the entire balance of the year's tuition.

3. I further agree and understand that there will be a \$50.00 charge for each returned cheque. I also understand students will not be allowed to attend classes when tuition is overdue. A student's tuition payments must be current in order for her/him to be permitted to receive Report Cards. I understand and agree that any payment not received by the due date may result in the voiding of the contract by King Heights Academy.

4. I further understand, acknowledge and agree that King Heights Academy is a school of limited enrolment. By executing this Agreement, King Heights Academy agrees to provide a place for my child in his or her respective class, which may deprive another child of the privilege of enrolling at King Heights Academy. Further, in the event that my child withdraws from King Heights Academy, King Heights Academy may be unable to enroll another child to fill my child's place in the classroom. Hence, I agree that all obligations shall be continued, and this Agreement shall not be terminated for any reason.

5. King Heights Academy reserves the right, at its sole discretion, to suspend or dismiss the above-named student if the student's presence at King Heights Academy would be detrimental to the student or the school. In such event, parents are responsible for the remainder of the school year's tuition and fees.

6. My signature on this Agreement indicates my understanding of my responsibility and my commitment to pay for a full year's tuition.

SIGNED: _____ DATE: _____
Parent or Guardian

FULL NAME: _____
Parent or Guardian (Print)

SIGNED: _____ DATE: _____
Parent or Guardian

FULL NAME: _____
Parent or Guardian (Print)