



ENROLMENT APPLICATION

A completed Application form with all requirements and a \$2,500 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. (Preschool to Grade 8)
- e) Students enrolling for the Secondary Program are to provide credit counselling summary/transcript.
- f) International students are to provide recent academic record (translated) from their country of origin and notarized.
- g) A copy of your child's Birth Certificate.
- h) A copy of the parent/guardian's government issued ID.

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, credit card (an admin fee will apply to credit card payments; Visa or Mastercard), e-transfer (payments@kingheightsacademy.com), 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 the deposit must be received before enrolment can be confirmed.

Fees are non refundable and cannot be transferred to another student. Any student withdrawing from King Heights Academy for any reason after enrolment (once the deposit has been received) will not be entitled to a refund. 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.

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 Name & Address: _____

_____ Phone: _____

Organization & Team: _____

Sport: _____ 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 – 8:20am) Yes / No

After School Care Program required: (4:00pm – 5:30pm) Yes / No

GUARDIAN INFORMATION

Parent/Guardian 1 First Name: _____ Last Name: _____

Relationship to student: _____

Address (if different from above): _____

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

Profession/Business Title: _____ Email: _____

Parent/Guardian 2 First Name: _____ Last Name: _____

Relationship to student: _____

Address (if different from above): _____

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

Profession/Business Title: _____ Email: _____



FOR 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? _____

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

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: _____



CONFIDENTIAL ENROLMENT FORM AND AGREEMENT – Year _____

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

as a _____ grade student at King Heights Academy for the 202__-202_ 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 202_-202_ **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 202_-202_ school year. A deposit of \$2,500 is due upon enrolment.
 - (b) *Annual Book and Supplies Fee.*
 - (c) *Registration Fee of \$450.00.* 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 upon enrolment.
 - () 2. Deposit with Three (3) installment payments - \$2,500 Deposit (paid upon enrolment, 5% interest applied)
 - 1st payment: 1/3 of the remaining tuition post-dated August 1st
 - 2nd payment: 1/3 of the remaining tuition post-dated October 1st
 - 3rd payment : 1/3 of the remaining tuition post-dated December 1st



CONFIDENTIAL 202_-202_ ENROLMENT FORM AND AGREEMENT

- () 3. Deposit with five (5) installment payments - \$2,500 Deposit (paid upon enrolment, 7% interest applied)
- 1st payment: 1/5 of the remaining tuition post-dated August 1st
 - 2nd payment: 1/5 of the remaining tuition post-dated September 1st
 - 3rd payment: 1/5 of the remaining tuition post-dated October 1st
 - 4th payment: 1/5 of the remaining tuition post-dated November 1st
 - 5th payment: 1/5 of the remaining tuition post-dated December 1st

*All Tuition Fee payments (cheques or post-dated cheques) are due upon enrolment.

**Book and Supplies Fee payments due upon enrolment.

*** The three and five 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 check. 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 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)