

ENROLLMENT APPLICATION



Enrollment

Family Name:

Date of Application:

Office Use Only

- | | | | |
|---|----------------|-------------------|--|
| <input type="checkbox"/> Accepted by Admissions Committee | Date received: | | |
| <input type="checkbox"/> Accepted by Finance Office | Application: | Accepted / Denied | |
| | Start date: | | |

Family

Student's Residential Address: _____

Email: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Student lives with: Both Parents Mother Father Guardian Other

Are there any custodial or legal arrangements of which the school should be aware?
(Copy of court/custodial documents may be required)

Parent

Father/Guardian Mr Dr Pastor

Name: _____

Address: _____

Country of Birth: _____

Language: (if other than English) _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile: _____

Email: _____ Fax: _____

Marital Status: Single Married Separated Divorced Widowed

Parent

Mother/Guardian Mrs Ms Miss Dr Pastor

Name: _____

Address: _____

Country of Birth: _____

Language: (if other than English) _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile: _____

Email: _____ Fax: _____

Marital Status: Single Married Separated Divorced Widowed

International Students Agency Name: _____

Agent's Name: _____ Telephone: _____

Address: _____

Email: _____

Privacy

I consent to having Genuine Learning Academy collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of GLA (1) for the purpose of establishing, maintaining, and terminating the student's or parent(s)'s relationship with GLA, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in GLA's Personal Information Privacy Policy, a copy of which is available upon request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of GLA.

This information is required in order to register your child at this school and assist the school administration in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer is the Principal.

Parent Initials: _____

Do you give permission for videos/photos to be taken at school of your child/children and/or work samples to be used by the school for promotional/publication purposes? Yes No

Residency Declaration

To be completed and signed by a parent or legal, court-appointed guardian. Legal guardians must attach a copy of the court order appointing him and/or her as the legal guardian.

Parent/Legal Guardian's Full Legal Name: _____

The parent/legal guardian named above is: (please check one)

- A Canadian citizen - born in Canada (attach copy of birth certificate)
- A Canadian citizen - not born in Canada (attach copy of citizenship paper/card)
- A landed immigrant - attach copy of the landed immigrant status paper/card
- Lawfully admitted into Canada - under one of the following documents (attach copy):
- Admitted as a refugee claimant
 - Student authorization (Student Visa) for two or more years (issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomat or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - Document description (must be cleared with Immigration Canada)

The parent/legal guardian named above is a resident of British Columbia: (please check one)

- Yes No

Parent/Legal Guardian signature: _____

Date: _____

Church

Religion: _____ Denomination: _____

Church currently attending: _____

Pastor/Minister: _____

Address: _____

Involvement: High Medium Low

Medical

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Emergency Contact (#1): (If unable to reach parents) _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact (#2): (If unable to reach parents) _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Protocol

In the event any student requires assistance in a medical emergency, we will take action as deemed necessary. Every effort will be made to inform the parent/guardian immediately.

Comments

Why do you want your child/children educated in a Christian school?

Why did you choose Genuine Learning Academy?

Where did you hear about Genuine Learning Academy?

Declaration

I agree to support the mission, philosophy, vision and practices of Genuine Learning Academy and be responsible for the payment of all fees and charges. I am aware the Application Fee is not refundable. I understand that acceptance of my child/children will depend on the outcome of an interview and availability of places in the school, and that this Enrollment Application does not ensure enrollment.

Signed: _____ Date: _____
(Father/Guardian)

Signed: _____ Date: _____
(Mother/Guardian)

All information collected is treated in accordance with the school's Privacy Policy, which is available upon request from the Registrar. Any misleading or inaccurate information may render this application null and void, with enrolments resulting from this application being terminated.

Parent Checklist

Please include the following with your completed application:

- Copy of Birth Certificate or Immigration papers for child and parent
- Details of resident status (passport, study permit, etc.) for students born overseas
- Copies of the most recent School Reports
- Application Fee per student (non-refundable)
- Completed Financial Application, Student Enrollment form(s)

Student Enrollment

Student's Name: _____
(Last Name) (First Names)

Date of Birth (dd/mm/yyyy): _____ / _____ / _____ Gender: M F

Country of Birth: _____ Citizenship: _____

Student Email: _____

Desired Level of Entry: Gr. 7 Gr. 8 Gr. 9

Is ESL support required? Yes No

Has the student received Special Education? Yes No

Has the student received Specialist Services? Yes No

Does the student have any Specialist reports? e.g. Psychological, Speech, etc. Yes No

Has the student been diagnosed with ADD or ADHD? Yes No

Disabilities: e.g. Intellectual, physical, behavioural disorder. (please provide details)

Learning Difficulties: (please provide details.)

Special Gifts/Talents: (please provide details.)

Schooling

How is the student managing at school?

Academically: V/Good Good Average Poorly V/Poorly

Socially: V/Good Good Average Poorly V/Poorly

Current School: _____

Telephone: _____ Grade: _____

Reason for Leaving: _____

Has the student ever been asked to leave a school or been refused enrollment? Yes No

If yes, please state reason: _____

Medical

Student's Personal Health Number (Care Card): _____

Private Insurance Information (International Students): _____

Please attach a copy of immunization records.

Does the student have any medical conditions, or history, of which we should be aware? (i.e. heart condition, diabetes, asthma, severe allergies, etc.) Yes No

If yes, please provide details: _____

In cases of asthma, epilepsy, etc. please provide date of last incident: _____

Is the student taking any medication on a regular basis? Yes No

Has the student received Special Education? Yes No

If yes, please provide the name(s) of medication: _____

Will the student need to take this medication while at school? Yes No

Please note that the school cannot administer any medications without written parental/guardian permission.

Please use this space if there is anything else you want us to know about the student:

Emergency protocol

In the event any student requires assistance in a medical emergency, every effort will be made to inform the parent/guardian immediately. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parent(s)/guardian(s) until successful.

Church

Religion: _____

Applicant baptized

Membership held at: _____

2019/2020 International Tuition Fee Schedule

- **Registration Fee**

Early rate	\$300
Regular rate	\$350

**Registration fee is non-refundable.*

- **Tuition Fee**

\$18,000 / Year

Following Fees apply to International Students.

International Tuition	\$18,000 /year
Damage Deposit	\$900
Activity & Field Fee	\$900
IT	\$400
Insurance	\$500
Total	\$20,700

** Damage deposit will be used for any extra expenses occurred by the student at school. It will be refunded at the end of school year upon the condition that there was no damage done by the student at both school and homestay.*

*** Monthly Tuition fee: \$2,070*

Services (optional)	
Airport Pick-Up	\$200
Homestay (10 Months)	\$12,000
Homestay Placement (non-refundable)	\$350
Legal Guardian	\$250
Academic Consultation (10 Months)	\$8,000
Total	\$20,800

*** Academic Consultation service includes weekly face-to-face academic and life counselling by professional teachers who regularly update parents on students' progress.*

**** There will be a separate cost for **School uniforms & School Bus Ride**.*

***** School hours are from 8:30am-3:05pm.*

****** Academic Consultation is required for international students who come without their parents.*

****** Monthly Homestay fee: \$1,200 Monthly Academic Consultation fee: \$800*

Tuition & Refund Policy

1. Standard tuition rates apply to all students admitted to the school.
2. In the event that the student does not come to Canada or decides not to attend or to leave Genuine Learning Academy, the following terms will apply:
 - a. the application fee is non-refundable in any circumstances;
 - b. for students in their first year of participation, the following will apply:
 - I. the full tuition fee, less the application fee, will be refunded upon receipt of satisfactory evidence that the Study Permit was not approved by Immigration, Refugees and Citizenship Canada (IRCC). Request for refund must include a letter of rejection from the Embassy.
 - II. two-thirds (2/3) of the tuition fee, less the application fee, will be refunded if the student withdraws prior to commencement of school.
 - III. one half (1/2) of the tuition fee, less the application fee, will be refunded if the student withdraws within 30 calendar days of commencing the school.
 - IV. no refund will be granted, for any reason, if the student withdraws after the first calendar month of the school.
 - V. if a student is dismissed from Genuine Learning Academy, the student is then sent home at the parent's expense and without a refund.
 - VI. students receiving Permanent Resident status mid-year (October - June) will not receive a refund.
 - VII. students who live with their parents and become Permanent Residents after tuition fees have been paid but before September 30th will receive a full refund less an administrative fee of \$500. Please contact the school office for further details.

** Please note that all refunds are subject to a \$200 processing fee.*

FINANCIAL APPLICATION

Account
Father's Name: _____
Mother's Name: _____
Legal Guardian (if applicable): _____
Person Responsible for Account/Tuition:
name: _____
signature: _____
Current (Canadian) Mailing Address: _____
City: _____ Prov.: _____ Postal Code: _____
Home Phone: _____ Mobile Phone: _____
Method of Payment
Method of payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Pre-authorized VISA/MC <input type="checkbox"/> Wire Transfer/Draft
Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC # _____ Exp: _____
Signature: _____ Date: _____
*If paying with Pre-authorized Debit, please fill out, SIGN, and submit the pre-authorized debit form with a void cheque attached to it.

STUDENT COVERED ON THIS ACCOUNT
(list students in **DESCENDING** order by grade):

LAST Name, FIRST Name	Grade	Tuition	Optional Service*	VSTA	Net Fees
				Total	

**Please refer to the table shown on pg. 10*

Mailing Address (Foreign)

Street: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Office Use Only

	Date	Amount	No.	Initial
General fee and total tuition paid:	_____	_____	_____	_____
VSTA Fee Transferred:	_____	_____	_____	_____
Student visa denied/deposit refunded	_____	_____	_____	_____
Landed immigrant status obtained:	_____			
B.C. resident tuition rate effective:	_____			
Dates attending:	_____	To _____	Agent _____	
Photocopy of approved financial application issued to patron [] Data entered []				