

NANCY CAMPBELL ACADEMY

APPLICATION FOR ADMISSION

Admission Procedure

All parts of the application must be completed to process your application. Missing information may cause a delay in the processing of your application. All information received will be kept confidential. Please use a separate form for each applicant.

Admission into Nancy Campbell Academy requires:

- Step 1: Complete this Application and return to the school with a copy of the applicant's most recent transcript or report cards from previous school (previous 2 years) and photocopy of passport (photo page only) and immunization record.
- Step 2: Documents are reviewed and interview is scheduled for the student.
- Step 3: An Invoice for the deposit is issued to the student with instructions on how to pay.
- Step 4: Applicant is interviewed by the principal or vice principal (personal, telephone or skype).
- Step 5: **A Letter Of Invitation** is issued to the successful candidate with final invoice.
- Step 6: Upon receipt of the payment in full, **A Letter of Acceptance, Custodianship and Account Statement** is mailed to the student. The Letter of Acceptance and Custodianship declaration can be used as evidence to support an application for a Canadian study visa.
- Step 7: Students arrive at the school with an original copy of the following documents: **Study Permit and Visa; School records of previous study; Immunization Record.**

*If documents are not in English, they must have an **official notarized translation.**

DO NOT COMPLETE For office Use Only: Domestic United States International

- | | |
|---|--|
| <input type="checkbox"/> Date Application received: _____ | <input type="checkbox"/> Copy of transcripts/report cards received |
| <input type="checkbox"/> Copy of Applicant's Passport (photo page only) | <input type="checkbox"/> Deposit received |
| <input type="checkbox"/> Interviewed by: _____ | <input type="checkbox"/> Scholarship or Bursary |
| <input type="checkbox"/> Letter of Invitation | <input type="checkbox"/> Invoice Sent |
| <input type="checkbox"/> Fees paid | <input type="checkbox"/> Letter of Acceptance sent |
| <input type="checkbox"/> Custodianship sent | <input type="checkbox"/> Immunization records received |

Gordon Naylor, Principal **Sana Zareey, Vice Principal**
45 Waterloo Street South, Stratford, Ontario, Canada N5A 4A8
Phone: (519) 272-1900 Toll Free: 1-888-641-6224
Email: info@nancycampbell.ca Website: www.nancycampbell.ca
Cindy Wang, Guidance Counsellor Email: cwang@nancycampbell.ca

Nancy Elliott, Director of Student Placement
Phone: (519) 272-1900 ext. 1 Email: nelliott@nancycampbell.ca

STUDENT INFORMATION

Please print clearly or type.

This student is applying to enter grade _____ for the school year _____ the semester beginning _____ as a Day Student Residential Student Short-term program.
(August / January)

Surname: _____ Given Names: _____

Date of Birth: _____ Place of Birth: _____ Male Female
(month/day/year)

First Language Spoken: _____ Other Languages: _____

Canadian Citizen Landed Immigrant Visa Student Citizenship: _____

A photo copy of your student's valid Passport (photo page only) MUST be attached to this form.

Indicate which passport(s) the student carries: _____ Place issued: _____

Home Address: _____ Apt: _____
(Street)

City: _____ Province/State: _____ Country: _____

Postal/Zip Code: _____ Phone: _____ Fax: _____
(please indicate area code and/or country code for both numbers)

Emails: _____
(Mother) (Father)

(Student)

PREVIOUS SCHOOL INFORMATION

Name of school most recently attended: _____

Address: _____ City: _____

Province/State: _____ Country: _____ Postal/Zip Code: _____

Phone: _____ Period Attendance: From: _____ To: _____

(Please include area code and/or country code)

If applicable, please indicate first date of entry into secondary school (grade 9) _____
(month/year)

Does the applicant have any learning disabilities? Yes No

Does the student have an I.E.P.? Yes No

Has the student been identified as gift? Yes No

PARENT AND GUARDIAN INFORMATION

PLEASE NOTE: In instances where the applicant's LEGAL GUARDIAN differs from the parents, please enter the information for the LEGAL GUARDIAN below, including the relationship to the applicant.

In cases where the applicant's GUARDIAN WITHIN CANADA differs from the parents, please fill in the information in box C for the GUARDIAN WITHIN CANADA.

Students (under 18), whom the school is to act as custodian a \$300.00 CDN legal document fee, must be submitted with this application.

A.) PARENT 1 / GUARDIAN

Name: _____
(Given) (Family)

Date of Birth: _____
(month/day/year)

Relationship to Applicant: _____

Home Address: _____
(street)

(City) (Province) (Country)

Postal Code: _____ Phone: _____

Business Name and Address: _____

Postal Code: _____ Phone: _____

Email: _____

Position: _____

B.) PARENT 2 / GUARDIAN

Name: _____
(Given) (Family)

Date of Birth: _____
(month/day/year)

Relationship to Applicant: _____

Home Address: _____
(street)

(City) (Province) (Country)

Postal Code: _____ Phone: _____

Business Name and Address: _____

Postal Code: _____ Phone: _____

Email: _____

Position: _____

If parents are seperated or divorced, please provide details of a custody (family court order is preferred).

Report Cards/Correspondance Sent to: Mother Father Both

Indicate person(s) responsible for fees: Mother Father Both Other _____

Other pertinent information: _____

C. GUARDIAN/CONTACT PERSON OR AGENT WITHIN CANADA (If applicable)

Name: _____ Relationship: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Home Phone: _____ Other Phone: _____

PLEASE READ AND SIGN THE TERMS OF APPLICATION AND ENROLMENT ON THE FOLLOWING PAGE BEFORE SUBMITTING THIS APPLICATION.

MEDICAL INFORMATION

At Nancy Campbell Academy, our goal is to provide the best care for your child(ren) during the school year. In order to assist us in this we ask that you complete all parts of this form.

PERSONAL INFORMATION

Male

Female

Surname: _____ Given Names: _____

(Circle name commonly used)

Alternate Name(s) Used: _____

Date of Birth: _____

Day/Month/Year

Is child part of multiple birth?: Yes No

Part A: For Canadian Students MEDICAL INSURANCE INFORMATION

Ontario Health Card Number: _____

Other Medical Insurance & Policy Number: _____

Name on Health Card/Plan: _____

Emergency Contact if Parent or Guardian is unavailable: _____

Name

Relationship

Home Phone: _____ Work Phone: _____

Name of Student's Family Physician: _____ Phone: _____

Part B: For International Students Only

Do you have overseas medical coverage from your home country? Yes No

If no, your child(ren) MUST be enrolled in the students medical insurance plan at Nancy Campbell Academy.

Part C: For all Students:

Medication(s) currently being taken (please also note how it is to be administered):

List all known allergies and any known reactions to medication(s):

Do they carry an epi pen? Yes No

MEDICAL RELEASE: AUTHORIZATION OF CONSENT TO THE TREATMENT OF A MINOR

I/We, as the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authoize Nancy Campbell Academy or its designated representatives, as agents for the undersigned, to consent to any and all necessary, immediate medical or surgical treatment deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act of Ontario. In this event, I/We agree to pay all costs incurred which may not be covered by the Ontario Health Plan or by my/our other medical insurance policy.

Signature of Parent or Guardian

Date

The Perth and Middlesex-London District Health Units (email: immuization@pdhu.on.ca) requires every student in the Province of Ontario to be immunized. All international students will be required to submit proof of recent tuberculosis test. A photo copy of your student's updated immunization records MUST be attached to this form. Children not meeting the requirements may be suspended from school. Must be in English.

DIETARY/HEALTH INFORMATION

Vegetarian

Vegan

Gluten Free

Please list any food allergies or relevant dietary information: _____

Does the student take any supplements? If so, list: _____

Over the Counter Medications that the student may take to relieve symptoms of illness (Tylenol/ibuprofen for pain, cough medicine/lozenges) List: _____

Does the student have any health problems other than allergies? _____

RESIDENTIAL PREFERENCES

Level of English Spoken:

None

Little

Good

Fluent

Does s/he have a personal computer?:

Yes

No

What his/her preferred study time?:

Before school

After school

Night

Interests/Hobbies: _____

Please add any comments that might help us match the student with a roommate: _____

General Permission

Out-of-school activities are a vital part of the learning process for students at Nancy Campbell Academy.

Written parental permission is required for all activities planned off school property. This permission will be in effect for the study period for all activities authorized by the school together with their associated travel requirements. I/

We grant permission for the:

- student's transportation in school-arranged vehicles for all NCA arranged activities, including but not limited to special events/field trips/Wildfire Lodge/Public libraries/theatre/recreational and site seeing outings.
- student to travel in vehicles driven by others only when approved directly by me the parent/guardian and put into writing to the school represented by the Residential Advisor. I understand NCA takes no responsibility for students travelling in private vehicles; students do so at their own risk.
- student to sign out to leave campus during the lunch period or after school according to residential rules, at the times guided by Student Code of Conduct or otherwise designated by Nancy Campbell Academy.
- student to stay over-night in private, chaperoned home(s) ONLY with prior written parental approval (via email) that details the destination, departure and arrival times, name and phone number of chaperone/parent of the home.
- school to use any photograph, video tape, or original piece of work written or created by the student for the express purpose of print and web-based promotions, such as newsletters and advertisement

If there is no record of a signed written permission the student will not be allowed to participate in an excursion.

Declaration: I hereby give permission to Nancy Campbell Collegiate Institute for the student named below, my daughter/son/ward, to participate in any and all excursions as described above. I/we agree to follow all applicable rules and regulations as described in the Student Code of Conduct.

Print Name of Parent/Guardian: _____ **Signature:** _____ **Date:** _____

Signature of Student over 18yrs: _____ **Date:** _____

TERMS OF APPLICATION AND ENROLMENT

I/WE, THE UNDERSIGNED, do hereby apply for the undersigned applicant to enter grade _____ or program _____ at Nancy Campbell Academy starting in the month of _____, 20_____ as a

Residential Day student. I/We, the undersigned, do therefore jointly and separately agree as follows:

1. That I/we will pay any and all legal fees, charges, levies and assessments as may be rendered, from time to time, by Nancy Campbell Academy in respect to the applicant.
2. That I/we will obey and comply with any and all rules, regulations and policies of Nancy Campbell Academy as articulated in the student handbook.
3. That I/we understand that Nancy Campbell Academy reserves the right to accept or reject applicants, or to withdraw services from students at its sole discretion for reasons which, in the sole opinion of Nancy Campbell Academy, are in the best interests and welfare of the school and its students.
4. That I/we have read and understand the Fee Schedule enclosed with the application package and that I/we understand that the terms stated therein are part of this agreement.
5. That I/we agree to pay the deposit invoice of \$1000 CAD for North American applicants and \$5000 for Overseas applicants as an act of commitment and good faith that, upon acceptance, will be applied towards school fees. I/We understand that if for any reason the student is not accepted by Nancy Campbell Academy the deposit will be refunded in full. It is further agreed that if the student or students family decides not to send the student, \$500 CAD application fee will be applied.
6. That I/we agree for international applicant's, partial refunds apply only where a student visa is denied providing the following conditions are met: The student provides NCA with the official letter of refusal from the Consulate naming the student and other personal particulars; the student returns all original documents provided by NCA for the purpose of acceptance, including the original letter of acceptance and custodial agreement. When a student visa is denied, \$4000 CAD will be refunded and \$1000 CAD will be applied as a document process fee.
7. That I/we have enclosed
 - A. A complete Application for Admission Form
 - B. Deposit of \$1000 CAD (North American students), \$5000 CAD (Overseas students)
 - C. A copy of the applicant's passport (photo page only)
 - D. A recent photograph
 - E. A copy of the applicant's most recent transcript or report cards (previous 2 years)
 - F. A copy of updated immunization records (must be in English)
8. That I/we have read and understand this agreement.

Signature of Parent or Guardian _____
Date

Signature of Parent or Guardian _____
Date

Signature of Student _____
Date

If the signatures of all parties are not included, please give a short explanation:
