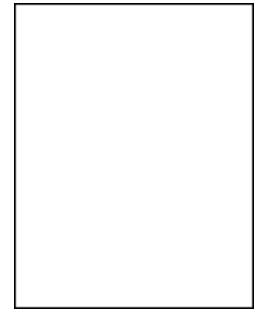




SOUTHPOINTE ACADEMY APPLICATION FORM

(Please complete one application for each student)



Enrolment Application for: September 20_____ Grade:_____

STUDENT INFORMATION:

Date of Application: _____

Full Name: _____
Legal First Middle Last

Preferred Name: _____ Gender: M F X

Date of Birth: ____/____/____ Country of Birth: _____ Principal Language Spoken at Home: _____
Month Day Year

Citizenship: Canadian Citizen ☐ Landed Immigrant ☐ Other ☐ (please specify) _____

Immigration status: Non-Canadians must submit proof of Landed Immigrant status for students and parents with application.

EDUCATION HISTORY:

Present School: _____ Date of Enrolment: _____ Phone #: _____

Address: _____ Fax #: _____

Has the Applicant ever been suspended, expelled or been required to withdraw from any previous school? Yes No

Indicate if any of the following apply. (If yes, please provide documents)

Psycho-Educational Assessment (Psych Ed) ☐ Yes ☐ No ESL or ELL Support ☐ Yes ☐ No

Individualized Education Plan ☐ Yes ☐ No Behavioural Plan ☐ Yes ☐ No

In-class support or Learning Centre Support ☐ Yes ☐ No

ADDITIONAL INFORMATION:

Extra-Curricular Interests

Sports/Teams: _____ Arts/Music: _____

Other Organizations (Volunteering/Community Service): _____

Interests: _____

Name two aspects of school life that are most important to you, the student. *To be completed by the student: (Grade 4 and up)*

Please indicate how you came to know about Southpointe Academy

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Reputation | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Alumni Connection | <input type="checkbox"/> Sibling Connection | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Resides in Delta | <input type="checkbox"/> Website | <input type="checkbox"/> Referred By: |



HOUSEHOLD INFORMATION

Applicant Resides with ☐ Both Parents ☐ Parent/Guardian 1 ☐ Parent/Guardian 2

Parent / Guardian 1

Relationship to student: _____

Full Name: _____
Legal First *Middle* *Last*

Title: (e.g. Mr., Mrs.) _____ Cell: _____ Email: _____

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Work Email Address: _____

Occupation: _____ Employer: _____ Work Number: _____

☐ Please send all Southpointe Academy correspondence to this address.

Parent Citizenship Status Canadian Citizen Landed Immigrant Other (please specify)

Parent / Guardian 2

Relationship to student: _____

Full Name: _____
Legal First *Middle* *Last*

Title: (e.g. Mr., Mrs.) _____ Cell: _____ Email: _____

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Work Email Address: _____

Occupation: _____ Employer: _____ Work Number: _____

☐ Please send all Southpointe Academy correspondence to this address.

Parent Citizenship Status Canadian Citizen Landed Immigrant Other (please specify)

Sibling Information:

Full Name: _____ Date of Birth: ____ / ____ / ____ Current School: _____
Month Day Year

Full Name: _____ Date of Birth: ____ / ____ / ____ Current School: _____
Month Day Year

Full Name: _____ Date of Birth: ____ / ____ / ____ Current School: _____
Month Day Year



FORM A – STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach a copy of the court order appointing you as legal guardian.)

LAWFULLY ADMITTED INTO CANADA

1. I am (please select one):
 - ☐ A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
 - ☐ A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
 - ☐ Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - ☐ Admission as a refugee or refugee claimant
 - ☐ Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - ☐ Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - ☐ A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
 - ☐ Other - Document description (must be cleared with Immigration Canada)
-

RESIDENCY IN BRITISH COLUMBIA

2. I am a resident of British Columbia (please select one):
 - ☐ Yes Residency address: _____

 - ☐ No I am not a resident of British Columbia

CONFIRMING SIGNATURE

3. Parent/Legal Guardian's name: _____
4. Parent/Legal Guardian's signature: _____
- Date: _____



PARENT/CHILD DECLARATION

I have read and understand the following:

- a) This application does not automatically admit the candidate to Southpointe Academy. The academic transcript, interview and testing results, personal recommendations, and the availability of space are taken into consideration prior to admission.
- b) Full disclosure of all information pertinent to the student's application (academic, social, etc.) is expected. Failure to do so could result in withdrawal of an offer of admission.
- c) All fees are payable in advance (including the Application fee). All fees are non-refundable.
- d) Enrolment is for the full academic year. If parents withdraw a student before the year ends, they remain responsible for the full year's tuition.
- e) Upon acceptance, I agree to pay the applicable entrance fee, all tuition fees and activity costs and abide by the billing options outlined in the Schedule of Fees.
- f) I understand, as does my child to the extent that age permits, that enrolment at Southpointe Academy is conditional on him/her demonstrating an maintaining self discipline, tolerance towards others, and attributes of good character.
- g) I agree to support the procedures, rules, and values of the school.

Summary:

Southpointe Academy is an educational enterprise serving a community of students, teachers, and parents. The success of the enterprise relies on all parties being fully committed to and contributing members of the school. For example, among other attributes of the school, students and parents are expected to uphold:

The physical and psychological well-being of all other parties,
The goals of the school and individual students,
The focus on academic rigour, truth, trust, and honesty,
The school's programs (academic, athletic, and co-curricular).

If, in the opinion of the Head of School, a student's participation in the school is not in the best interests of either the school or the student, will be required to withdraw from the school at a time (possibly during the school year) determined by the Head of School.

Signed:

Signed:

Parent/Guardian Signature

Student Signature

Date

Date



HEALTH FORM

Student Name: _____ Care Card #: _____

Name of Family Doctor: _____ Phone #: _____

Name of Family Dentist: _____

Phone #: _____

Health Insurance Details:

Insurance Name: _____ Insurance Primary Holder Name: _____

Insurance Number: _____ Insurance Primary Holder Employer: _____

Insurance Group Number: _____

Does the Student have any Allergies?

☐ **Yes**

☐ **No**

(If Yes, please provide all details and treatment required)

Is the Student diagnosed as "at risk of anaphylaxis"? ☐ **Yes**

☐ **No**

Does the Student take regular medication?

☐ **Yes**

☐ **No**

(If Yes, please provide all details)

Are there ongoing injury/medical concerns?

☐ **Yes**

☐ **No**

(If Yes, please provide all details)

In the event of a medical emergency, I the legal parent/guardian, hereby give my permission for employees of Southpointe Academy and any other staff working with the school's permission, to provide first aid treatment and arrange transport to the nearest appropriate medical facility. I understand that I will be obliged to cover the costs of any medical treatment provided.

I hereby certify the above information to be true, correct and complete.

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

HEALTH HISTORY REQUEST

CHILD'S NAME: <i>SURNAME</i>	<i>GIVEN NAME(S)</i>	BIRTH DATE: YYYY MM DD	CARE CARD NUMBER (PHN)
PARENT/GUARDIAN	PHONE (HOME)	PHONE (OTHER)	
ADDRESS	CITY	POSTAL CODE	
PREVIOUS ADDRESS (within last 5 years). Needed to request health unit records.		CITY/PROVINCE/COUNTRY	
SCHOOL ATTENDING IN SEPTEMBER	GRADE	PREVIOUS SCHOOL	CITY

RECORD OF IMMUNIZATION

*****Please attach a COPY of immunizations OR fill in the DATES of all past immunizations below*****

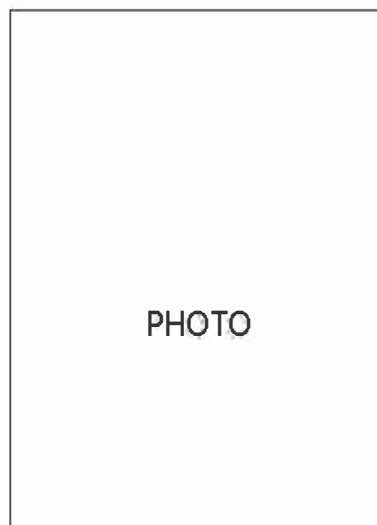
DPTP-Hib (Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza Type B)	MMR (Measles, Mumps, Rubella)	Hepatitis B	Meningococcal C Conjugate	Pneumococcal Conjugate
#1-	#1-	#1-	#1-	#1-
#2-	#2-	#2-		#2-
#3-	Chicken Pox Vaccine Date: _____ or Age of Disease: _____	#3-		#3-
#4-				#4-
#5- Quad (DPTP) (K.Booster)				
Date:				

List any other immunizations below or use back of sheet:

ATTENTION: If your child has any condition which may affect school performance, limit activity or require emergency care (eg. Epilepsy, diabetes, heart condition, asthma, severe allergy, etc.), it is the parents' responsibility to inform the school and complete any appropriate forms.		
Signature of Parent/Guardian:	Date Form Completed:	Public Health Nurse:

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:**
- | | |
|---|---|
| <input type="checkbox"/> EpiPen® Jr 0.15 mg | <input type="checkbox"/> EpiPen® 0.30 mg |
| <input type="checkbox"/> Allerject™ 0.15 mg | <input type="checkbox"/> Allerject™ 0.30 mg |

Location of Auto-Injector(s): _____

- ☐ Previous anaphylactic reaction: Person is at greater risk.
☐ Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g., EpiPen® or Allerject™) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1 or local emergency medical services.** Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person** (e.g. parent, guardian).

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature _____

Date _____

Physician Signature _____ ☐ On file

Date _____



REQUEST FOR STUDENT RECORDS

FORMER SCHOOL: _____

SCHOOL EMAIL: _____

SCHOOL TELEPHONE: _____

The student below has registered at Southpointe Academy.

ADMISSION DATE: _____

Please forward ORIGINAL student records to:

SOUTHPOINTE ACADEMY

Attention: Student Records

1900 56 Street, Delta, BC V4L 2B1

Telephone: 604-948-8826

Fax: 604-948-8853

- Permanent Student Record
- Student File and Confidential File (if applicable)
- Psychological Education Reports and Individual Education Plans (if applicable)
- Speech and Language Reports

Please advise the school if you do not have this information.

Name of Student Surname, First Name	Date of Birth YYYY-MMM-DD	Grade

*Please note that Southpointe Academy is not a MyEd school.

For office use only:

Date Documents Received:



APPLICATION CHECKLIST

Please ensure that you have enclosed the following documentation to complete your Application:

- ☐ Application Fee: \$412 per domestic student; \$721 per international student. This includes a 3% admin fee.
This non-refundable application fee is levied on a per child basis
- ☐ Recent Passport size photograph of Applicant
- ☐ Most Recent School Report, as well as, previous year Final Report
- ☐ Photocopy of Applicant's Birth Certificate or Passport, and, if not born in Canada, proof of Permanent Residency or Study Visa
- ☐ Parent's Proof of Canadian Citizenship, Permanent Residency or Study/Work Visa
- ☐ Legal Proof of Residency of Parent – (Form A and a copy of a parent Driver's License or Hydro/Gas bill.
Please ensure that the address on the Driver's License matches the address on the application.)
- ☐ Any Education Assessments by Psychologists, Counselors etc., if applicable
- ☐ Request for Student Records
- ☐ Custody Order (if applicable)
- ☐ Court - Appointed Guardianship (if applicable)

Once Application and Documentation has been completed, please e-mail, mail or deliver to:

Southpointe Academy
c/o Admissions

1900 56th Street Delta,
British Columbia
V4L 2B1
604 948 8826

Tobin Hammerberg
thammerberg@southpointe.ca



CREDIT CARD PAYMENT AUTHORIZATION

Name on Card: _____

Type of Card
(Visa/Mastercard): _____

Card Number: _____

Date of Expiry
(month/year): _____

Security Code
(CSV): _____

Amount to be charged (3% admin fee already included):

Domestic Application \$412 ☐

International Application \$721 ☐

I, _____ hereby authorize Southpointe Academy to charge my credit card with the amount indicated above.

Name and Signature

Date