



# APPLICATION FOR ADMISSION

## STUDENT INFORMATION

Student's Legal Name: \_\_\_\_\_

Student's (Preferred) Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ as of Sept. \_\_\_\_\_  
year    month    day

Citizenship of Student: (*Attach a copy of Birth Certificate*) \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_

Mother's Cell#: \_\_\_\_\_ Father's Cell#: \_\_\_\_\_

Email Addresses for Contact: \_\_\_\_\_

## SCHOOL AND PROGRAMMING HISTORY

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

School Board Jurisdiction: \_\_\_\_\_

Grade	School Attended	Year	Problems / Services Provided
ECS/PUF			
K			
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			

**High School(s) - List of credits received** (*attach high school transcript if available*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe briefly any special programs (special class, learning assistance, tutoring) that your child has ever been enrolled in: \_\_\_\_\_

List any additional educational, psychological or therapy assessment/programming your child has received: (Please provide if within 2 years)

## CURRENT SCHOOL CONTACT AND INFORMATION

Name of Current School: \_\_\_\_\_ Dates Attended: 20\_\_\_\_ to 20\_\_\_\_

Phone Number: \_\_\_\_\_ Teacher Name & Role: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Was the student promoted to next grade? \_\_\_\_\_

Submission of this signed application (below) includes permission for a representative of Edmonton Academy to contact the above school and teacher  Yes  No

## DEVELOPMENTAL MILESTONES

How old when first walked? \_\_\_\_\_

How old when first single words spoken? \_\_\_\_\_ Sentences? \_\_\_\_\_

Are there any speech/articulation problems?  Yes  No

Has the child ever received speech therapy?  Yes  No

If yes, please give details: \_\_\_\_\_

Has the child ever exhibited high distractibility or motor hyperactivity?  Yes  No

If yes, please give details: \_\_\_\_\_

## MEDICAL INFORMATION

When was the child's vision last tested? \_\_\_\_\_ By whom? \_\_\_\_\_

Results? \_\_\_\_\_

When was the child's hearing last tested? \_\_\_\_\_ By whom? \_\_\_\_\_

Results? \_\_\_\_\_

Has the child ever been seriously ill (high fevers, jaundice, pneumonia etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the child ever been involved in a serious accident (involving head injuries, etc.?)  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Other than a specific learning disorder (learning disability), has your child been diagnosed with any other medical/educational condition?  Yes  No

If yes, please explain the diagnosis, who made the diagnosis, date of diagnosis, and the impact, if any, on your child's school program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any medication  Yes  No

If yes, please explain and list medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FAMILY BACKGROUND

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home address (if different from student): \_\_\_\_\_

Community Activities/Involvement: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home address (if different from student): \_\_\_\_\_

Community Activities/Involvement: \_\_\_\_\_

Has there been a divorce in the family?     Yes         No

Please give details if you think they are important: \_\_\_\_\_

If yes, with whom does the child reside? \_\_\_\_\_

Has there been a death in the immediate family?     Yes         No

If yes, please explain: \_\_\_\_\_

Is the child adopted?     Yes         No    If yes, age child was adopted: \_\_\_\_\_

Please list the child's siblings:

Age	Sex	Name	Explain if any other child(ren) experience inordinate learning problems in school

Family Interests/Activities: \_\_\_\_\_

## SOCIAL AND EMOTIONAL LIFE

Does the child make friends easily?  Yes  No

Are most of his/her friends:  Older  Younger  Same Age

Has the child ever suffered prolonged bouts of depression?  Yes  No

When upset, does he/she:  Withdraw  Become destructive  Become verbally abusive  
 Become physically aggressive  Cry

Other: \_\_\_\_\_

Has the child ever received counseling from a psychologist or psychiatrist?  Yes  No

If yes, by whom? \_\_\_\_\_ Where? \_\_\_\_\_

Why? \_\_\_\_\_

Has the child ever been suspended or expelled from school?  Yes  No

If yes, why? \_\_\_\_\_

Has the child ever been in trouble with the community or police?  Yes  No

If yes, why? \_\_\_\_\_

What are the child's chief dislikes? \_\_\_\_\_

What are the child's interests, hobbies and enjoyed activities? \_\_\_\_\_

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Describe the child's feelings about him/herself (self-concept) \_\_\_\_\_

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# PRIVACY STATEMENT

I/We \_\_\_\_\_ (the undersigned), consent to allow Edmonton Academy to release, collect, use or disclose personal information for its operational and administrative purposes, including, but not limited to:

- Enrolment eligibility and pre-assessments
- Learning Assessments
- Provision of student counseling
- Ensuring student health and safety
- Special events
- Student/Family Liaison
- Enrolment development
- Fundraising initiatives
- Finance administration requirements

I/We understand that Edmonton Academy is subject to provincial and federal privacy legislation and has in place a Policy on Privacy to ensure compliance with privacy legislation and standards.

I/We are aware of the risks and benefits associated with consenting or not consenting to collection that I may revoke my consent at any time by providing a signed, written statement of revocation to Edmonton Academy.

SIGNATURE OF PARENT(S) / LEGAL GUARDIAN (ALL WHO ARE LEGALLY REQUIRED)

\_\_\_\_\_  
\_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

PLEASE PROVIDE THIS COMPLETED APPLICATION FORM AND RELEVANT DOCUMENTATION TO:

**EDMONTON ACADEMY  
UNIT #2, 810 SADDLEBACK RD  
EDMONTON, AB T6J 4W4**

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**CONSENT OF PARENT/LEGAL GUARDIAN FOR RELEASE OF  
EDUCATIONAL, MEDICAL, PSYCHIATRIC AND PSYCHOLOGICAL  
RECORDS OF MINOR**

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I do hereby consent to the release to Edmonton Academy, and to any duly authorized personnel thereof, of all the student records, reports and information of educational, medical, psychiatric, and psychological examinations or treatments rendered of:

\_\_\_\_\_ a minor

Please forward copies of these documents at your earliest convenience to:

**Edmonton Academy**

Unit 2, 810 Saddleback Rd.

Edmonton, Alberta T6J 4W4

Phone: (780) 482-5449      Fax: (780) 482-0902

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**‘CONSENT TO RELEASE’**

**Please use this signed ‘Consent to Release’ form if needed to request your child’s school/agency/psychologist to release information by sending copies of your child’s records/assessments directly to Edmonton Academy. Once all information has been received, an interview will be arranged to further explore enrolment.**