



G.A.D. ELEMENTARY SCHOOL

Learn Lead Serve

Admission Form (20__-20__)

STUDENT INFORMATION:

Student Name: _____ Gender Legal Alert
 _____ Medical Alert
 Last First Middle Male
 Female

Grade: _____ Birth Date: _____ Country of Birth _____ Citizenship _____
 yyyy/mm/dd

Address: _____
 Apt.#/ House # Street Name

City/Province: _____ Postal Code: _____ Home Phone: _____

Student resides with Mother Father Both Parents **Previous School Attended:**
 Name/Location:

PARENTS INFORMATION:

Mother's Name/ Legal Guardian: _____ Father's Name/ Legal Guardian: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email Address _____ Email Address _____

EMERGENCY CONTACTS (IF PARENTS UNAVAILABLE):

1) _____
 Name Phone (Relation to the student)
 2) _____
 Name Phone (Relation to the student)

Does your child require any special support/have any learning needs: NO YES

If yes, explain: _____

I agree to abide by the rules and conduct.

 (Parent/Guardian Signature) (Date)

FOR OFFICE USE ONLY:

Birth Certificate Care Card Proof of Parent's Status (citizenship or PR card)
 Proof of Residence (Diver license/Utility bill) Immunization Record (KG Students only)
 Verified By: _____ Date _____

Principal's Signature _____



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STUDENT MEDICAL INFORMATION

Student Name: _____ Birth Date: _____
(yyyy/mm/dd)

Student's Care Card Number: _____

Name of Student's Physician: _____ Phone: _____

Address: _____

Does your child have any medical conditions that the school should be aware of?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ear Troubles | <input type="checkbox"/> Sinus Troubles | <input type="checkbox"/> Migraines | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hysteria | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Skin Diseases | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Nut Allergies | <input type="checkbox"/> Back or Neck Pain | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bronchitis | |
| <input type="checkbox"/> Other? Please give specifics | | | |

- 1) Foods: _____
2) Insects: _____
3) Drugs

IF STUDENT HAVE ANY MEDICAL CONDOTIONS FROM LISTED ABOVE:

1. What are the symptoms to watch for?

2. What precautions are required in the classroom?

3. Is the student taking any prescription or non-prescription drugs? Yes/No

(Please Specify) Name of Drug: _____ Reason for taking drug: _____

All the information is accurate as of today's date. If there are any changes, I agree to contact School with the updated information. I will notify the school in writing if there will be any changes.

Date: _____ Name of Parent/Guardian: _____

Signature of the Parent: _____



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Activity Consent

Basketball/Volleyball (After school)

Field Hockey (After school)

Soccer

Bhangra

I, _____ (Parent) hereby give my permission for my son/daughter
_____ (Name of Student), grade _____ to attend above mentioned G.A.D. Elementary School
extracurricular activities and sports program within and outside the school.

Participation may take place during, and/or after school hours, I agree to hold the G.A.D Elementary School and /or
its representatives, volunteers, harmless in the event of any loss of property, or injury to my child.

I also give my permission for my child to travel under supervision with other children to and from these activities
in the school bus/van or in a private vehicle.

I authorize the school personnel to care for the administration of general first aid treatment for any minor injuries
received to my child during any event. If any injury sustained is life threatening or in need of emergency treatment,
I authorize the school personnel to summon any or all professional emergency personnel to attend, transport, and
treat my child. I understand all efforts will be made to contact parents and/or emergency contacts.

Basketball/Volleyball (Gr 4-9), Field Hockey (Gr 1-9), Soccer (Gr 1-9) & Bhangra (Gr 1-6), students will be eligible
to play these games as per the respective grades mentioned.

This liability release is valid during above said activities and during travel to and from the venue of the activities.

Name of Parent _____

Signature of Parent _____

E-mail Consent Form

School will be sending you newsletters and other school/student related information through emails. We would
require your permission to send information through email. If you are willing to give your consent, please
complete this form.

I give my consent and permission to use my e-mail for sending newsletters and other school/student related
information.

Father's Email _____
(Please print clearly)

Mother's Email _____
(Please print clearly)

Parent/Guardian Signature: _____



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LEGAL RESIDENCY OF PARENT –FORM A

(If parents are deceased, use FORM B)

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

(Lawfully Admitted into Canada)

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for one or more years
 - Employment authorization (working permit) for one or more years
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other-Document description:
(must be cleared with Citizenship and immigration Canada:
<http://www.cic.gc.ca/english/study/study.asp>)

(Residency in British Columbia)

2. I am a resident of British Columbia (please X one):

- Yes, Residency address: _____
City: _____ Postal Code: _____
- No, I am not a resident of British Columbia

Confirming Signature:

Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____



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TUITION FEE/DONATION POLICY

20__ - 20__

G.A.D. Elementary school strives to keep the tuition costs/donations low while providing quality education. All tuition fee obligations for the current year must be paid in full to ensure registration for the following school year.

G.A.D. Tuition Policy aims at:

1. To make school education affordable to all those who desire and consider it valuable for their children.
2. To generate funds so that school can effectively improve programs and services.
3. To offer parents the opportunity to choose their preferred method of paying tuition/donation

New Student Registration Fee:

Parents of a **new student need to pay \$350.00 registration fee** to secure placement at G.A.D. **The registration fee is non-refundable.** The registration fee is due with the student registration application.

Re-Registration Fee:

The re-registration fee for the returning students is as follow:

- 1st Child: \$200
- 2nd Child: \$175
- 3rd Child: \$150

Tuition Fee Discounts:

Parents with more than one child enrolled at G. A. D. Elementary may receive a discount for each additional child after tuition has been paid in full for the first child.

FEE STRUCTURE FOR 20__-20__ SESSION: FROM KG TO GRADE 7

1. Registration Fee: \$350.00 (for new student)
2. Tuition Fee: \$245.00 /month
3. Resources, Technology and Agenda: \$170.00 /year
4. AR Program \$ 50(\$5 /month)
- 5 Fee for Bus Service: \$175 (\$90 one way) Second Child- \$150 (\$75 one way) Third Child- \$140 (\$65 one way)

FEE STRUCTURE FOR 20__-20__ SESSION: FOR GRADE 8-9

1. Registration Fee: \$350.00
2. Tuition Fee: \$275.00 /month
3. Resources, Technology and Agenda: \$195.00 /year
4. Science Fee \$30

***A cost of \$2 will be added to each payment being made by credit card.**

REFUNDS: All fees are non-refundable. Tuition is an annual obligation. **If withdrawing your child, registration, tuition and annual charges will not be refunded.**

Parent's Signature_____



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Tuition/donation is due on or before the tenth day of every month. Should a situation arise that a payment will be late; the parent will be responsible to notify the school office as soon as possible. In the event that tuition fee is not received on time, the school will initiate the following procedures:

1. A late fee of \$25.00 will be added to the tuition balance, and additional late fee of \$25 each month will continue to be added until the account is current.
2. If at the end of sixty days the past due condition continues to exist, the parent will be notified in writing by the school administration that the account must be brought current.

NOTE: Please do not request late fee waivers

RETURNED CHEQUES: A \$25 service charge will be assessed for a cheque returned for any reason. In addition, late fee will be assessed as reflected in the fee schedule, unless payment is received in the stipulated time.

Parent's Signature _____

RESOURCES/TECHNOLOGY

The cost of Resources and student agenda is \$170 for KG to 7 and \$195 for Grade 8 and 9. This amount will be due at the time of new registrations or registrations of the returning students.

Parents will have to purchase school supplies specific to the student's grade level. A school supply list is sent home before the start of the school year and is also posted on the school website.

Tuition/Donation Payment Policy and charitable donation

Please go to the following web page to view information for tax deductions.

<https://www.canada.ca/en/services/taxes/charities.html>

Charitable donation receipts for tax purposes will be issued in February every year for the portion of tuition that pertains to religious instruction. The amount of the receipt may vary from year to year.

Tuition/donation payment options

Option A: One annual payment

Tuition fee/donation can be paid by one annual payment. Parents who accept this option and make the payment on or before the due date will receive a discount of 5%.

Payments can be made by way of cheque, cash, visa or master card

Option B: Two equal payments

- September to January and February to June

Option C: Post-dated cheques for ten equal monthly payments or pre-authorized credit card.

Note: Any outstanding balance due must be paid by April 30 including tuition fee for the months of May and June.

Parent's Signature _____



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ACCEPTANCE (Financial obligations to G.A.D. Elementary school)

I, _____ parent/guardian of _____
(Name of the parent) (Name of the child)

Grade ____ do accept my financial obligations to G. A. D. Elementary School and agree to abide by their policy if my child is in this school.

Parent's Signature

Date

Students' withdrawal middle/end of the year (please read & sign)

When you have enrolled your child in G.A.D. Elementary, but he/she is going to attend different school, parent needs to fill withdrawal form and submit it to the school office. Verbal notification will not be accepted.

Parent's Signature

Date



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Collection of Personal Information

I consent to having G.A.D. Elementary collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioral, 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 G.A.D. Elementary School for:

1. the purpose of establishing, maintaining, and terminating the student's or parent's relationship with G.A.D. Elementary School
2. additional purposes identified when or before personal information is collected, and
3. as otherwise provided in G.A.D. Elementary School's Personal Information Privacy Policy, a copy of which is available on request.

I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of G.A.D. Elementary School.

This information is required in order to register your child at this school and assist the school authority 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, you may contact the Privacy Officer as follows:

| G.A.D. Elementary School | |
|--------------------------|--|
| Attention | Principal, Privacy Officer |
| Address | 13479 - 77 Avenue, Surrey, BC V3W 6Y1 |
| Phone | 604-595-0888 |
| E-mail | info@gadschool.com |

Student: _____ Grade: _____
(First Name) (Last Name)

Parent: _____
(First Name) (Last Name)

Parent Signature: _____ **Date:** _____

I consent to having photographs and work samples of my child used by G.A.D. Elementary School in the yearbook, newsletters, social media, and promotional material and for school related purposes.

This consent, if signed, will remain effective until such time as you advise us otherwise. I will notify the school in writing if I decide to withdraw this consent.

Parent Signature: _____ **Date:** _____



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Bus Service Required: Yes/No

If you required bus service, please complete the following information:

| | | | |
|---|--|-------------------|--|
| Student Name | | Grade | |
| Parents Name: | | Email Address: | |
| Address: | | City/Postal Code: | |
| Home Phone: | | Cell Phone: | |
| In case of emergency contact: | | Phone: | |
| BUS SERVICE | | | |
| Bus Service Required for: | <input type="checkbox"/> Both Ways <input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY | | |
| Note: Bus fees are charged on a monthly basis and are not related to the number of days in a given month. Bus fees are due on the first week of each month. A Notice of minimum two weeks is required if you want to either start or stop the bus service for your child(ren). | | | |
| I have read and discussed both the code of conduct and Discipline policy for riding the G.A.D. Elementary School Bus. My child(ren) and I agree with its expectation, and we understand the consequences of non-compliance. | | | |
| Parent Guardian Signature: | | Date: | |