

APPLICATION FOR ENROLLMENT



Application Process

1. Complete the attached application form.
2. Sign consent form for release of information.
3. An interview will subsequently be arranged with the Head of School.
4. Following the interview and application review you will be notified if a suitable placement is available.

Please attach the following:

- Report cards
- Psycho-educational assessments
- Paediatrician's report
- Medical documentation

A registration package will be sent upon acceptance into Churchill Academy.

Submit to:

Churchill Academy - Admissions

5 Crichton Avenue, Dartmouth, N.S, B2Y 1P1

Phone 902.446.3410

Fax 902.464.9061

Email: info@churchillacademy.ca

www.churchillacademy.ca

CHURCHILL ACADEMY APPLICATION

Full Name of Applicant _____ Age _____

Date of Birth _____ Sex _____ Grade level requested _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Occupation _____ Occupation _____

Phone # _____ Phone # _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Email _____ Email _____

Address _____ Address _____

City/Province _____ City/Province _____

Postal Code _____ Postal Code _____

Previous School _____

Mailing address _____

Phone # _____ Present Grade Level _____

Name of last Teacher _____ Principal _____

Number of Years at school _____

Previously attended schools _____

Learning Disability Diagnosis (if known): _____

List any medical conditions and current treatments

Has your child had a psycho educational assessment within the past two years?

Yes _____ Date of assessment _____ No _____

Assessments administered by (include contact information and submit a copy with application):

What is your child's current grade placement and what is your child's functioning grade level?

List any educational support services your child has received (educational program assistant, resource support-include number of hours per week, speech therapy, special class placement, private tutoring, assistive technology, etc.)

List your child's academic strengths and needs:

Strengths: _____

Needs:

What can you tell us about your child that may help us meet his or her educational needs?

Intellectually/Academically : _____

Social/emotional: _____

Physical needs: _____

What are your child's favorite activities, interests or hobbies? _____

Describe any non-academic problems experienced at your previous school: _____

What do you hope your child will achieve at Churchill Academy? _____

Use this space to describe your child and provide any additional information, which may help Churchill Academy to best meet, his or her needs. Please include your child's photo.

ATTACH PHOTO



Application completed by: _____

The information that I/WE have provided will remain confidential and is for the exclusive use of the Churchill Academy Admissions and Review Committee. All information is accurate and truthful to the best of my knowledge.

RELEASE OF INFORMATION

I/WE the undersigned being the Parent(s) or guardian(s) of the Parent(s) / Guardian(s) of _____ do hereby give permission to Churchill Academy to receive both verbal and written reports from the below mentioned professionals regarding the above named child. I/We will execute the appropriate releases and/or medical authorizations as requested. I/We understand that any information obtained will be kept confidential and will only be used to help establish whether a suitable placement at the school is available. I/We understand that I/We have the right of withdrawal of this permission at any time through written notification.

Family Doctor _____ Mailing address/phone/fax _____

Psychologist _____ Contact info _____

Psychiatrist _____ Contact info _____

Social Worker _____ Contact info _____

Speech Therapist _____ Contact info _____

Occupational Therapist _____ Contact info _____

Tutors _____ Contact info _____

Date : _____ Parent / Guardian signature _____

RECEIPT OF THIS AUTHORIZATION IS ACKNOWLEDGED BY CHURCHILL
ACADAMY INCORPORATED

Per: _____

MEDICAL AUTHORIZATION

TO: _____

I/WE, the undersigned being the Parent(s) or Guardian(s) of _____ (hereinafter referred to as "the child) do hereby, authorize you to release to CHURCHILL ACADEMY INCORPORATED, any and all medical reports or information you may have concerning my child's medical condition and your treatment of him/her.

DATED at Dartmouth, Nova Scotia, this _____ day of _____, 200__.