



J. Addison School

SUMMER HIGH SCHOOL CREDIT PROGRAM 2019

REGISTRATION WILL NOT BE ACCEPTED UNLESS THIS FORM HAS BEEN COMPLETED ENTIRELY

STUDENT INFORMATION				
STUDENT GIVEN NAME		STUDENT SURNAME		
OTHER ENGLISH NAME	DATE OF BIRTH	AGE	AGE BY SEPTEMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F
HOME ADDRESS	CITY	PROVINCE	POSTAL CODE	COUNTRY
HOME PHONE NUMBER	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDY PERMIT <input type="checkbox"/> TRAVEL VISA <input type="checkbox"/> OTHER			
CURRENT SCHOOL ATTENDING	GRADE COMPLETED BY JUNE		COUNTRY	
SCHOOL ADDRESS	CITY	PROVINCE	POSTAL CODE	

FAMILY INFORMATION - PARENT/GUARDIAN 1 - ENGLISH SPEAKER <input type="checkbox"/> YES <input type="checkbox"/> NO				
GIVEN NAME		SURNAME		
RELATION TO STUDENT	RESIDES WITH STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	WORK PHONE NUMBER	MOBILE PHONE NUMBER	
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS			

FAMILY INFORMATION - PARENT/GUARDIAN 2 - ENGLISH SPEAKER <input type="checkbox"/> YES <input type="checkbox"/> NO				
GIVEN NAME		SURNAME		
RELATION TO STUDENT	RESIDES WITH STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	WORK PHONE NUMBER	MOBILE PHONE NUMBER	
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS			

EMERGENCY CONTACT PERSON (IF THE ABOVE CANNOT BE REACHED)				
GIVEN NAME		SURNAME		
RELATION TO STUDENT	RESIDES WITH STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	WORK PHONE NUMBER	MOBILE PHONE NUMBER	
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS			

HOW DID YOU HEAR ABOUT US?							
<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> COMMUNITY GUIDEBOOK	<input type="checkbox"/> FLYER	<input type="checkbox"/> IN THE NEIGHBORHOOD	<input type="checkbox"/> ONLINE AD	<input type="checkbox"/> ONLINE SEARCH	<input type="checkbox"/> RADIO	<input type="checkbox"/> TV
<input type="checkbox"/> EDUCATION CONSULTANT/AGENCY (PLEASE PROVIDE NAME)			<input type="checkbox"/> FRIEND/RELATIVE (PLEASE PROVIDE NAME)				
<input type="checkbox"/> CURRENT OR PREVIOUS JAS STUDENT AND FAMILY (PLEASE PROVIDE NAME)				<input type="checkbox"/> OTHER			



J. Addison School

MEDICAL INFORMATION

HEALTH CARD NUMBER	FAMILY DOCTOR	DOCTOR'S PHONE NUMBER	ARE IMMUNIZATIONS UP-TO-DATE <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE THERE ANY BEHAVIORAL ISSUES/SPECIALS NEEDS THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE PROVIDE DETAILS (WE RESERVE THE RIGHT TO DENY ENTRY TO PROGRAM SHOULD THE CHILD REQUIRE ACCOMMODATIONS THAT THE SCHOOL CANNOT PROVIDE WHICH WOULD AFFECT THEIR SAFETY)			
PLEASE REVIEW THE LIST AND CHECKMARK ANY CONDITIONS THAT APPLY TO YOUR CHILD:			
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ECZEMA	<input type="checkbox"/> EPILEPSY
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> HAY FEVER	<input type="checkbox"/> HEPATITIS
<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> SKIN PROBLEMS	<input type="checkbox"/> SEIZURES	<input type="checkbox"/> URINARY PROBLEMS
<input type="checkbox"/> ADHD	<input type="checkbox"/> FREQUENT NOSEBLEEDS		
<input type="checkbox"/> OTHER CONDITIONS (PLEASE SPECIFY):	<input type="checkbox"/> HEARING PROBLEMS		
<input type="checkbox"/> VISION PROBLEMS			
ARE THERE ANY ALLERGIES OR FOOD ALLERGIES THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No			EPI PIN REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE LIST ALL ALLERGIES/FOOD ALLERGIES			

DIETARY/FOOD RESTRICTIONS *PLEASE NOTE THAT FOR EXTREME DIETARY FOOD CONDITIONS, MEAL PLAN IS NOT AVAILABLE

ARE THERE ANY FOODS YOUR CHILD SHOULD NOT EAT FOR MEDICAL, DIETARY, OR RELIGIOUS REASONS THAT SHOULD BE DISCLOSED TO THE PROGRAM? Yes No
 IF YES PLEASE LIST ANY FOODS YOUR CHILD SHOULD NOT EAT:

MEDICATIONS

PLEASE LIST ALL MEDICATIONS TAKEN ROUTINELY (INCLUDING OVER-THE COUNTER AND PRESCRIPTION PRODUCTS AND WHETHER TAKEN BY MOUTH, ON SKIN, IN EYES, ETC.).

NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE

MEDICATION NOT INDICATED ON THIS FORM THAT PARENTS WOULD LIKE J. ADDISON STAFF TO ADMINISTER TO THEIR CHILD MUST BE SEPARATELY AUTHORIZED IN WRITING WITH DETAILS PERTAINING TO INSTRUCTIONS, DOSAGE AND TIMES (FORM A-5).

***PLEASE BE ADVISED THAT FAILURE TO DISCLOSE OR PROVIDING FALSE MEDICAL INFORMATION REGARDING MEDICAL CONDITIONS OR PRESCRIPTION MEDICATIONS MAY RESULT IN WITHDRAWAL FROM OUR SCHOOL PROGRAMS, AND THE STUDENT WILL BE RETURNED HOME TO BE IN THE CARE OF THEIR PARENTS.**

MEDICAL WAIVER

I understand that in the event of an accident or illness occurring to my child, J. Addison School will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give J. Addison School authority to act on my behalf to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact the child's physician
2. Attempt to contact the emergency contact
3. Call another physician
4. Call an ambulance
5. Have the child taken to the emergency department of a hospital, in the company of a staff member of J. Addison School

Any expenses incurred relating to the circumstances listed above will be the responsibility of the child's family.

I hereby grant permission for the on call school physician, principal, or headmaster of J. Addison School to sign operative and anesthesia permits for the student applicant as thought necessary by a physician or surgeon. I authorize first aid measures by the best qualified person on hand at the time of any emergency. I hereby waive any claims against anyone administering first aid. I understand the school will make all possible efforts to reach me prior to any treatment or surgery.

CODE OF BEHAVIOUR

1. Students must be respectful to the program supervisors and their peers at all times.
2. Students must be respectful of school materials and the facility.
3. No verbal or physical harassment will be accepted under any circumstances.
4. Students should bring energy and a positive attitude each day they participate in our program.



J. Addison School

STUDENT NAME:

GENERAL INFORMATION

- The J. Addison Safe Schools Policy is in effect at all times.
- Every effort will be made to accommodate registrants, providing there is room.
- Summer School staff do not have access to students' OSRs. Parents may wish to provide any pertinent educational information to the Principal that may help in supporting student success. i.e. transcripts.
- Students and their parents should be aware that summer school cannot be modified to accommodate family vacations and personal activities. Students are expected to be present on all evaluation days, to write final examinations and/or complete culminating activities as scheduled and to attend the last day of classes.
- A final report card will be issued at the end of the course. If the final examination is not written, the student will receive a '0' mark for that evaluation. All marks will be forwarded to the student's day school upon completion of summer school. If a student misses 2 classes, he/she will be withdrawn from the course with a "0" mark.
- Students are advised that full disclosure procedures apply to all Grades 11 and 12 courses.
- For security reasons, students will be required to wear their I.D. badge at all times.
- We reserve the right to cancel classes due to inadequate participation.
- The Registration Form and the Waiver Form must be completed as required.

FREQUENTLY ASKED QUESTIONS

How many credits can I take in summer school?

One full credit per session/month. Summer credit courses are over (5) hours of study each day for approximately one month (110 hours). You can only take one credit course per month. If successful, you could potentially earn one credit in July and one in August.

What are the prerequisites for summer school courses?

Prerequisites are the same as regular day school programs. The specific eligibility requirements are listed under each program description in the Ministry of Education's common course calendar. School guidance counsellors can help students determine if they are eligible for a course.

Is there homework?

Yes. Summer school courses cover an entire year's work in a compressed period of time. Students must be prepared to allocate sufficient time to work at home every day. It is not advisable to pursue daily employment.

When are final report cards issued?

They will be issued on the last day of the course after examination review.

Is there a cost for textbooks?

Textbooks are provided for use during summer school at no cost. Students are responsible only for the replacement cost of lost, misplaced or damaged textbooks.

COURSES OFFERED

GRADE 12	COURSE CODE	GRADE 10	COURSE CODE
English - University	ENG4U	Civics - Open** (0.5 credit)	CHV2O
Writer's Craft - University	EWC4U	Career Studies - Open** (0.5 credit)	GLC2O
Ontario Secondary School Literacy Course*	OLC4O	English - Academic	ENG2D
Advanced Functions - University	MHF4U	Mathematics - Academic	MPM2D
Calculus & Vectors - University	MCV4U	GRADE 9	COURSE CODE
Data Management - University	MDM4U	English - Academic	ENG1D
GRADE 11	COURSE CODE	Mathematics - Academic	MPM1D
English - University	ENG3U	ENGLISH AS A SECOND LANGUAGE	COURSE CODE
English - College	ENG3C	English as a Second Language A/B/C/D/E	ESLAO/BO/CO/DO/EO
Functions - University	MCR3U		

* The Literacy Course (OLC4O) is for students who have attempted the Ontario Secondary School Literacy Test. ** The Grade 10 Civics (CHV2O) and Career Studies (GLC2O) courses are respectively two weeks long. Course offerings are subject to enrollment and teacher availability.

SUMMER CREDIT COURSES - SESSION 1

July 2 to July 26, 2019 - 9:30 am - 3:45 pm

COURSE CODE FIRST CHOICE

COURSE CODE SECOND CHOICE

SUMMER CREDIT COURSES - SESSION 2

July 29 to August 23, 2019 - 9:30 am - 3:45 pm
*Monday, August 5, no school - Civic Holiday

COURSE CODE FIRST CHOICE

COURSE CODE SECOND CHOICE

HOME SCHOOL PRINCIPAL MUST SIGN BEFORE A STUDENT CAN BE ENROLLED

This is to confirm that this student meets all requirements for enrollment in the course(s) listed above.

SIGNATURE OF PRINCIPAL OR DESIGNATE

DATE

PRINT NAME

NAME OF SCHOOL



J. Addison School

STUDENT NAME:

IMPORTANT!

1. The completed Summer School Registration Form must be submitted along with a current Credit Counseling Summary and/or Transcript from your home school.
2. Grade 8 students must submit a copy of their most recent report card with the completed Summer School Registration Form.

	SUMMER COURSE - SESSION 1 July 2 to July 26, 2019 - 9:30 am - 3:45 pm	SUMMER COURSE - SESSION 2 July 29 to August 23, 2019 - 9:30 am - 3:45 pm *Monday, August 5, no school - Civic Holiday
TUITION FEE	<input type="checkbox"/> \$2,200.00	<input type="checkbox"/> \$2,200.00
DORMITORY FEE	<input type="checkbox"/> \$1,650.00	<input type="checkbox"/> \$1,650.00
MEAL PLAN	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$150.00
ADMINISTRATION FEE	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00
DORMITORY INCIDENTAL FEE (REFUNDABLE)	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$1,000.00
MEDICAL INSURANCE	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00
TOTAL	\$	\$

Students are required to pay fees for all courses.

Attach a certified cheque, bank draft, or money order to the registration form payable to: **J. Addison School Inc.** or call for payment by debit or credit.

Students wishing to withdraw from a summer school course must contact the summer school office prior to the commencement of summer school.

Students will not be reimbursed Summer School Course Fees once the summer school course begins.

STUDENT DORMITORY FEES - SUMMER CREDIT COURSE (FULL CREDIT) INCLUDES:

1. Dorm
2. 3 meals per day
3. No after school, Saturday and Sunday activities

DORMITORY INCIDENTAL DEPOSIT

There is a minimum charge of \$50 for each incident. Please refer to the Dormitory Residents' Manual for more information. The balance of the deposit will be refunded if all conditions of the agreement are met upon the student's departure. Please allow 2 weeks for processing. Refunds of deposits, or balance of deposits, will be issued as cheque in the student's name. But if you prefer a different name, please indicate here:

CHEQUE IN THE NAME OF:

PERMISSION TO PARTICIPATE IN SCHOOL TRIPS

I give permission for the student to take part in scheduled out-of-school events during the program. I understand that I will be notified again in writing of the details prior to each off-site outing (except for dorm students).

MEDIA WAIVER

I authorize the student's photograph/video/voice/name to be used for school activities and school purposes only (including school promotional materials in print, all forms of digital media as well as on-line, including social media marketing purposes).

MEAL PLAN

J. Addison School reserves the right to refuse or terminate any meal plan without notice. We cannot accommodate students on the meal plan who have allergies or special dietary needs.



J. Addison School

PRIVACY STATEMENT

J. Addison School is committed to protecting the privacy of its students and families. Personal information is not sold, leased or traded with other organizations and will not be disclosed except in accordance with school identified purposes or unless permitted or required by law. Personal information collected on this form is used to ensure the safety of your child while attending our school, to determine the medical and dietary needs of the child and in the event of a health concern requiring emergency treatment. By signing this form, you give J. Addison School your consent to collect, use and/or disclose your personal information and the information of your child for all school related operations.

PARENTAL/GUARDIAN APPROVAL

Parent/Guardian approval is only required if student is under 18 years of age.

Punctuality and regular attendance are vital to the process of learning. A student may be asked to withdraw from a course if his/her attendance is irregular.

Please note that all fees are not refundable.

PAYMENT AND TERMS

I understand that all fees paid are non-refundable, non-transferable and subject to change without notice. Full payment is due upon registration. Please make your cheque payable to **J. Addison School Inc.**

Program changes due to registration, weather, etc., may be made at the school's discretion, without notice.

I hereby certify that all the information contained on these forms are accurate and complete; J. Addison School will not be responsible for accidents or injuries that may arise as a result of incorrect or missing information given at the time of enrolment. It is the parent/guardian's responsibility to provide J. Addison staff with written notification of changes or new student information, including that of returning students.

I acknowledge that breaching of any school policies, procedures, rules and/or regulations (including updates that are made from time to time) may result in immediate cancellation of enrolment and forfeiture of any fees paid.

I also agree to release and indemnify J. Addison School, its Director, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, or for any reason arising from participation in any school activities.

I understand that acceptance into a J. Addison School program will be based on availability and first-come first-serve basis. Should my application be denied, I agree to be placed on a waiting list. I understand that I will be notified at least 1 month (for local students) and at least 2 months (for international students) prior to the start of the program (if possible) to receive assistance from J. Addison School to seek an alternate program.

I, the undersigned, and the student named herein have read and understand all the above terms and conditions listed on this application form, and agree to abide by them.

PARENT/GUARDIAN INITIAL

PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
GIVEN NAME		GIVEN NAME	
SURNAME		SURNAME	
SIGNATURE		SIGNATURE	
DATE		DATE	

STUDENT

GIVEN NAME		SURNAME	
SIGNATURE		DATE	

OFFICE USE ONLY

AMOUNT PAID	PAID BY	RECEIPT #	STAFF INITIAL	DATE
\$	<input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHEQUE NO. _____			