



# J. Addison School

## SUMMER HIGH SCHOOL CREDIT PROGRAM 2025

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		WHATAPP/WECHAT

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		WHATSAPP/WECHAT

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		WHATSAPP/WECHAT

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

WOULD YOU LIKE TO SUBSCRIBE TO OUR MONTHLY NEWSLETTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE INDICATE YOUR PREFERENCE OF DELIVERY:	
WHATSAPP: _____	WECHAT: _____
EMAIL: _____	



# 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 OUR SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, PLEASE PROVIDE DETAILS (WE RESERVE THE RIGHT TO DENY ENTRY TO A PROGRAM SHOULD YOUR 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"/> FREQUENT NOSEBLEEDS
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> HAY FEVER	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> HEARING PROBLEMS
<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"/> OTHER CONDITIONS (PLEASE SPECIFY):				

## PRESCRIPTION GLASSES

DOES YOUR CHILD REQUIRE PRESCRIPTION GLASSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	PARENT/GUARDIAN INITIALS
*If yes, please be advised your child will need to wear prescription goggles for gym or other school-arranged sports activities or they will be asked to sit out. Safety is our priority. The school will not be responsible for any accidents, injuries, or loss as a result of participation in school-arranged physical activities. It is possible for them to wear goggles provided by the school which fit over their own glasses, if available. We strongly recommend that students wear contact lenses if possible.	

## ALLERGIES/FOOD ALLERGIES

ARE THERE ANY ALLERGIES OR FOOD ALLERGIES THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	EPI PEN 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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\* WE RESERVE THE RIGHT TO DENY ENTRY TO A PROGRAM SHOULD THE CHILD REQUIRE ACCOMMODATIONS THAT THE SCHOOL CANNOT PROVIDE WHICH WOULD AFFECT THEIR SAFETY.

## MEDICATIONS

*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. THERE ARE NO REFUNDS ON ALL FEES PAID.	PARENT/GUARDIAN INITIALS
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## 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. All online students must abide by the Online Student Behaviour Contract (attached).
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.
5. Students must be respectful of school materials and the facility.
6. Students agree to adhere to all safety and security protocols which include COVID-19 prevention measures.



# 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 students success. i.e. transcripts. IEP's, etc.
- 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
Ontario Secondary School Literacy Course*	OLC4O	Career Studies - Open** (0.5 credit)	GLC2O
Advanced Functions - University	MHF4U	English - Academic	ENG2D
Calculus & Vectors - University	MCV4U	Mathematics - Academic	MPM2D
Data Management - University	MDM4U		
GRADE 11	COURSE CODE	GRADE 9	COURSE CODE
English - University	ENG3U	English - Academic	ENL1W
Functions - University	MCR3U	Mathematics - De-Streamed	MTH1W
		ENGLISH AS A SECOND LANGUAGE	COURSE CODE
		English as a Second Language A/B/C/D/E	ESLAO/BO/CO/DO/EO

\* 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

## SUMMER CREDIT COURSES - SESSION 2

<input type="checkbox"/> June 30 to July 25, 2025 - 9:30 am - 3:45 pm		<input type="checkbox"/> July 28 to August 22, 2025 - 9:30 am - 3:45 pm *August 4, 2025, no school - Civic Holiday	
COURSE CODE FIRST CHOICE	COURSE CODE SECOND CHOICE	COURSE CODE FIRST CHOICE	COURSE CODE SECOND CHOICE
<input type="checkbox"/> In-class	<input type="checkbox"/> Online	<input type="checkbox"/> In-class	<input type="checkbox"/> Online

\* Please note that online courses need approval and will be offered if for any reason courses cannot be delivered in-class, such as force majeure events, government restrictions, and other extenuating circumstances

## 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.

	<b>SUMMER COURSE - SESSION 1</b> June 30 to July 25, 2025 - 9:30 am - 3:45 pm	<b>SUMMER COURSE - SESSION 2</b> July 28 to August 22, 2025 - 9:30 am - 3:45 pm <small>*August 4, 2025, no school - Civic Holiday</small>
<b>TUITION FEE</b>	<input type="checkbox"/> \$2,500.00	<input type="checkbox"/> \$2,500.00
<b>DORMITORY FEE</b>	<input type="checkbox"/> \$2,200.00	<input type="checkbox"/> \$2,200.00
<b>ADDITIONAL DORM STAY</b>		<input type="checkbox"/> \$750.00* <small>Students registering for the August summer credit course and staying in the dormitory for the September full-time program immediately following will incur an additional fee of \$750.00, from August 23 to the first day of school in September, as there is a lapse in between the two programs.</small>
<b>MEAL PLAN</b>	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00
<b>REGISTRATION FEE</b> <small>(non JAS student)</small>	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$300.00
<b>DORMITORY INCIDENTAL FEE (REFUNDABLE)</b>	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$1,000.00
<b>MEDICAL INSURANCE</b>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

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. E-transfer can be made to "jas2002business@gmail.com".

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.

## 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 a cheque in the name below. Dormitory Incidental Deposit refund claim forms must be submitted within six (6) months of departure from our school or will be forfeited.

CHEQUE IN THE NAME OF:

E-transfer to :

## 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. No meals will be provided for off-site activities.



# 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.

## 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. Program changes due to registration, weather, etc. may be made at the school's discretion, without notice. Should any unforeseen circumstances arise which are beyond our control, including but not limited to: acts of God, riots, war, terrorist acts, epidemic, pandemic, quarantine, civil commotion, breakdown of communication facilities, breakdown of web host, breakdown of internet service provider, natural catastrophes, governmental acts or omissions, changes in laws or regulations, national strikes, fire, explosion, accidents, generalized lack of availability of raw materials or energy, etc. J. Addison School reserves the right to make changes to our programs (i.e. academic and dormitory arrangements, cancellations or re-scheduling of programs as deemed necessary, acceptance or admission to J. Addison School's programs or the deferral thereof and access to J. Addison School's premises and facilities), without any liability, whatsoever.

J. Addison School is not responsible for omissions, printing and/or presentation errors which may be contained in brochures, internet sites, or in any other form of media where such information may be presented; we reserve the right to make corrections as required.

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 enrollment. 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 <input type="checkbox"/> E-TRANSFER <input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHEQUE NO. _____	RECEIPT #	STAFF INITIAL	DATE



## Expectations for Online Student Behaviour CONTRACT

1. I will find quiet place to work, free from distraction (sibling, pets, parents, televisions)
2. I will maintain eye contact with my teacher and refrain from chewing gum, eating, or drinking in front of the camera.
3. I will dress appropriately when in front of the camera wearing clothes as if you I was going to school. No pajamas or any form of night wear.
4. I will attend my virtual classroom at the predesignated time where I will interact with my teacher. (This is important it will give you a sense of normalcy and connection—it will keep you on task and engaged in virtual environments).
5. I must not be late or skip my virtual classes. (Your teacher will report any attendance issues to the administrative team and consequences will be issued).
6. I will work from an appropriate work place **and not from my bed.**
7. I will treat my teacher and classmates with respect in email, or any other communication.
8. I will use clear and concise language.
9. I will not use slang terms and texting abbreviations such as “u” instead of “you.”
10. I will use standard fonts such as Arial, Calibri or Times New Roman and use a size 11 or 12 pt. font.
11. Avoid using the caps lock feature AS IT CAN BE INTERPRETED AS YELLING.
12. I will avoid the use of emoticons like :) .
13. I will avoid using foul language and sarcasm. This is considered a serious offense.
14. I will not post something that will embarrass me, my teacher, and my classmates.

## **Disruptive Students:**

- 1<sup>st</sup> Time: Student will be removed from the online classroom for that lesson
- 2<sup>nd</sup> Time: Student will be removed, and parent contact will be made to discuss concern for interruption of learning environment
- 3<sup>rd</sup> Time: Students will not be invited to future online lessons, but are still required to complete instruction. (Via email)
- 4<sup>th</sup> Time: Students who don't follow these rules will be removed from the virtual classroom and given a zero

By signing this contract all parties agree to the stipulations in the document and will follow accordingly. The following contract will be reviewed by the student, parent, guardian and the principal.

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Student Signature

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Parent/Guardian Signature

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Principal's Signature

Date \_\_\_\_\_