

Application for Admission to Progressive Academy

Grade Requested _____

School Year Requested _____

Student Information

Legal Surname _____ Given Name(s) _____

Other Name (s) _____ Male Female

Birthday (Y/M/D) _____ Age at start of school year _____

Address _____ City/Province _____

Postal Code _____ Telephone _____

Country of Citizenship _____

Immigration Status (if not Canadian) _____ Expiry Date (if applicable) _____

Language(s) spoken at home _____

Is your child First Nations/Metis/Inuit? Yes (If yes please fill out Aboriginal Declaration form) No

Education

Current School _____ Current Grade _____

Previous Schools Attended:

School	City/Province	Grades	Years

If student is in a special program now please specify. _____

Has your child ever had behavioral issues or concerns with school? If yes, please elaborate. _____

Has your child ever been referred to or tested by outside agencies (learning/ speech/psychological assessments, etc.)? Yes No

If yes, please elaborate and attach documentation. _____

Parent & Guardian Information

Name of Parent _____ Relationship to Student _____

Are you the Legal Guardian? Yes No

Address _____

City/Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Name of Parent _____ Relationship to Student _____

Are you the Legal Guardian? Yes No

Address _____

City/Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Emergency Contact Information (Person other than parent)

Name _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____

Individuals With Permission To Pick Up Your Child (ID must be presented)

1. Name _____ Relationship _____ Home Phone _____

Cell Phone _____ Address _____

2. Name _____ Relationship _____ Home Phone _____

Cell Phone _____ Address _____

Health and Medical Information

Alberta Health Care Number _____

Physician's Name _____ Telephone Number _____

1. Any known allergies? Yes (If yes, please specify) No

Allergen _____

Reaction(s) _____

Handling(s) _____

2. Any health problems? Yes No

If yes, please specify. _____

3. Is your child on any routine medication? Yes No

If yes please specify. (If your child requires medication to be administered please fill out the Medical Consent Form).

4. Are immunizations up-to-date? Yes No

Additional Information

Will your child require before or after-school care? Yes No

If yes, please fill out the following times:

Times	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 – 9:00 am					
3:30 – 4:30 pm					
4:30 – 5:30 pm					

Will your child attend Study Hall? Yes (If yes, please fill out the following times) No

Time	Monday	Tuesday	Wednesday	Thursday	Friday
3:45 – 5:30 pm					

Will you require supplemental tutoring? Yes No

Please indicate how you learned about Progressive Academy. _____

Terms and Conditions

Please read the following carefully:

I have disclosed full and accurate information about the candidate. I understand that admission of all candidates is subject to formal acceptance at the discretion of Progressive Academy. I understand, as does my son/daughter to the extent that age permits, that enrollment at Progressive Academy is to be generally conditional upon maintenance of self-discipline, good character and tolerance towards others. I understand that withholding pertinent information or falsifying information on this application automatically precludes the applicant from being considered, or will be just grounds for dismissal of the student.

I realize that children, even under close supervision, will have occasional accidents. Therefore, I hereby release, indemnify and hold Progressive Academy, its agents and employees harmless from any and all claims, damages, or other liabilities for injuries to my child which are not a result of negligence of the school, its agents or employees or are entirely beyond the control of the school, its agents or employees.

In the event that my child requires emergency medical treatment, I hereby give my consent to see that the necessary treatment is administered.

A large part of the school’s program involves providing the students with a variety of activities for observation and participation. This necessitates excursions during the school year, both informal outings in and around our own neighbourhood and longer journeys to many of Edmonton’s community resources.

I understand the school does use hired yellow buses as well as public transportation for the field trips that are organized. Longer journeys out of the immediate neighbourhood require an additional form to be signed by the parent/guardian. I understand it is my responsibility as parent/guardian to be aware of field trips as noted on the calendar and in newsletters, to sign the permission forms for field trips and to prepare my child with any special clothing, food, etc. that may be required. I hereby give permission for my child to participate in neighbourhood outings and field trips.

I understand if my child is in Grade 10 - 12, he or she will be at liberty to leave the school grounds during lunch break and outside of school hours unless I specifically give written instructions to the contrary.

I hereby give permission for Progressive Academy to use photographs or films of my child taken at the school or during school activities for educational and promotional reasons.

I understand that Progressive Academy is an Applied Scholastics™ school, and that while Progressive Academy uses the Alberta Curriculum, its approach to learning is based on the educational philosophies and technology developed by L. Ron Hubbard.

Parent/Guardian Signature _____ Date of Application _____



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