



# Enrollment Application and Information

## STUDIO9 APPLICATION PROCEDURE

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(Please complete one application for each student) **Date of Application:** ...../...../.....

dd mm yy

*At Studio9, it is important that we provide the right fit for your child. The information that you provide on this application is extremely important to ensure that we begin a lasting and supportive school relationship with you and your child in an arts focussed academic environment. You will be notified by mail or phone as soon as possible regarding your child's acceptance for enrollment.*

**Please send:**

1. This completed application
2. A Registration fee of \$ 300.00
3. A Copy of:  
Your child's Birth Certificate  
Care Card  
Parent Drivers License  
Parent Care Card  
Information on IEP's or Psych Ed Reports (if applicable)  
Immunization Records



Please attach  
a current  
picture of your  
child

**To:** Admissions Studio9, School of the Arts  
1180 Houghton Rd.  
Kelowna, BC  
V1X 2C9

1. **Read the attached Admissions Application thoroughly.** Complete and return the application with all necessary fees
2. Once the registration package is received you will be called to arrange an appointment to discuss your child's school history and the assistance that Studio9 might provide; while touring the school facilities. This is a parent only interview. **\*\*Remember to bring all past progress reports and any psychological/ educational documents pertaining to your child.**
3. An appointment will be booked for a student needs assessment and 3 day trial. This trial will allow both Studio9 and you, the parent to make an informed enrollment decision. At the commencement of the 3-day trial you will be contacted to determine enrollment acceptance.

**Wait List:**

*If necessary a student's name may be placed on the waiting list before the enrollment process has been completed. A position on the waiting list does not guarantee placement. Placement is dependent upon fit and availability. When spaces become available, we notify families based on the date that the original deposit was received and the appropriateness of the position.*

## STUDENT INFORMATION

Full Name: .....

Applying for: School Year: ...../.....  
Date of Birth: ...../...../.....

Going into Grade .....  
Age: ..... Sex: M ☐ F ☐

Citizenship:

Canadian Citizen ☐

Landed Immigrant ☐

Other ☐ please specify: .....

## EDUCATION

Present School: ..... Phone #: .....

Address: ..... Date of Entrance: .....

## PARENT & FAMILY INFORMATION

Student resides with: Both Parents ☐ Mother only ☐ Father only ☐ Guardian ☐

Correspondence should be sent to: Both Parents ☐ Mother only ☐ Father only ☐ Guardian ☐

MOTHER ☐ OR FEMALE GUARDIAN ☐

Full

Name: .....

....

Ms./Mrs./Dr. First Last  
Address: .....

.....

Street City Postal Code

Home Phone: ..... Cell: .....

Phone: ..... Work Phone: .....

Occupation: .....

E-mail: .....

FATHER ☐ OR MALE GUARDIAN ☐

Full

Name: .....

.....

Mr. /Dr. First Last

Address: .....  
.....  
.....

*Street*

*City*

*Postal Code*

Home Phone: ..... Cell Phone: ..... Work

Phone:.....

Occupation.....

E-mail: .....

## MEDICAL INFORMATION

List all Allergies:.....BC Care Card#.....  
 Emergency Contact:..... Ph#.....

Grade	Years Attended	School Name/ Location	Program (Regular class, minimal assistance, full time assistance...)	Please detail your child's Progress i.e. (Satisfactory, passing, excelling...)
Kindergarten	..... /.....			
Grade 1	..... /.....			
Grade 2	..... /.....			
Grade 3	..... /.....			
Grade 4	..... /.....			
Grade 5	..... /.....			
Grade 6	..... /.....			
Grade 7	..... /.....			
Grade 8	..... /.....			
Grade 9	..... /.....			
Grade 10	..... /.....			
Grade 11	..... /.....			
Grade 12	..... /.....			

Is the child currently subject to any of the following? (Please check all that apply)

Arthritis ☐    Ear Trouble ☐    Kidney trouble ☐    Nosebleeds ☐  
 Asthma ☐    Fainting ☐    Menstrual Cramps ☐    Skin Disease ☐  
 Bed wetting ☐    Hysteria ☐    Migraines ☐    Sleepwalking ☐  
 Bronchitis ☐    Hay fever ☐    Motion Sickness ☐    Tonsillitis ☐  
 Convulsions ☐    Frequent Colds ☐    Nightmares ☐    Weak Joints ☐

Please give details of usual treatment should condition indicated occur:

.....  
 .....

Please list conditions such as diabetes, epilepsy or heart trouble which staff should be fully aware of. Specify details of medication or treatment if necessary:

.....  
.....

Please list any medication, which the child is taking on a regular basis:

.....  
.....

Check any of the following illnesses, or operations your child has had.

Heart Disease ☐      Hepatitis ☐      Mononucleosis ☐      Pleurisy ☐  
Rheumatic Fever ☐      Tuberculosis ☐      Poliomyelitis ☐  
Pneumonia ☐      Appendectomy ☐      Tonsillectomy ☐

List illnesses, recent operations or injuries not included in this list; and operations that have been advised. ....

.....

Please advise if your child wears a medic-alert bracelet and specify for which allergy and or condition: .....

.....

**IMPORTANT- You MUST complete this section: Has your child ever attended a specialist in any of the following areas?**

Counseling ☐      Psychologist ☐  
Psychiatrist ☐      Specialist ☐

**If yes, please indicate the reasons why, dates and # of sessions and provide any and all supporting documents:**

.....

Name of attending

Specialists: .....Ph#.....

Address: .....

.

Street: ..... City: .....

Postal Code: .....

**\*\*As the parent/guardian of the child, I hereby authorize Studio9 to secure such medical advice services, and documentation as may be deemed necessary for the health and safety of myself, or my child (or ward):**

Parent/Guardian Signature:.....

Date:.....

## EDUCATION HISTORY

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Student entered first Grade on \_\_\_\_\_ at age \_\_\_\_\_  
*Month/Year*

**Circle** any grades that your child may have repeated. Be as specific as possible as to programs and progress.

### Please Read Carefully and Sign

The **full** disclosure of your child's history of needs, especially those **organically or emotionally** based difficulties, which may have necessitated the use of medication or therapeutic intervention, is essential to making sound admissions decisions and to arrange necessary supports for success within our program. It is also critical for us to know of any learning or behavioral difficulties prior to enrollment so that education plans can be put in place. If the disclosure of pertinent information is not made until after admission, a decision could be made subsequently that your child's placement is not suited to the available support or the Academy. We encourage confidential but open dialogue throughout the admissions process so that we can be assured that Vedanta Academy will develop a program to maximize your child's opportunities for success.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child participate in team sports?      Yes ☐    No ☐

If Yes, which ones? \_\_\_\_\_

Does your child belong to any community or youth groups?      Yes ☐    No ☐

If Yes, which ones? \_\_\_\_\_

What are your child's hobbies? \_\_\_\_\_

Does your child take any lessons outside of school time? (Music, Dance, etc.) Yes ☐    No ☐

If Yes, which ones? \_\_\_\_\_

Are there any special talents that you would like to tell us about?

\_\_\_\_\_  
\_\_\_\_\_

Are there any struggles you would like to tell us about?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have pets?      Yes ☐    No ☐

If so, what are they?

\_\_\_\_\_

Anything you would like to add about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is attracting you to Studio9 School of the Arts as an educational choice for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_





## **FREEDOM OF INFORMATION AND PRIVACY ACT**

The freedom of information and Protection of privacy legislation came in effect for schools in the fall of 1984.

To ensure that the legislation is complied with, we ask that you please read the following information carefully and complete the form.

There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or plan school related activities. The school will normally make your name, home address and telephone number as well as the child's name and grade and or photograph of your child available to school personnel, volunteers, or others responsible for organizing these types of activities. Your name will not be disclosed to anyone for business or commercial purposes.

**Please check the appropriate box:**

**I agree** \_\_\_\_\_ to the release of my personal information for purposes consistent with the above.

**I do not** \_\_\_\_\_ agree to the release of my personal information for purposes consistent with the above.

To promote various educational, sports and cultural events taking place here at Studio9 and where school field trips may take us we would like to be able to photograph individual students and or groups of students to commemorate events. While photographs add to the community life of our school, they are not required for educational purposes. Students' names, photographs and comments may be published in the school's yearbook, newsletter, and annual report or in the news media.

**Please check the appropriate box:**

**I agree** \_\_\_\_\_ to the publication of my child's name, photograph and comments for purposes consistent with the above.

**I do not** \_\_\_\_\_ agree to the publication of my child's name, photograph and comments for purposes consistent with the above.

**I understand that signing this form will cover such circumstances for the duration of my child's enrollment with Studio9.**

Students name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Legal Guardian

## **PARTICIPATION, RELEASE AND INDEMNIFICATION FOR LOW-RISK ACTIVITIES**

**THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN FOR EACH STUDENT UNDER THE AGE OF 18, OR BY THE STUDENT IF AGE 18 OR OVER.**

Throughout the school year students attending Studio9 may be provided the opportunity to participate in educational activities and events that occur during the regular school day and are not situated on school property i.e. Ben Lee Park etc.

Any activity may involve a certain amount of risk. Accidents may occur while participating on or traveling to and from such activities. These accidents may cause injury and occur without fault on the part of the School, it's employees, agents, or the facility where the activity or event is taking place. In allowing the student to participate, the parent or guardian assumes the risk associated with the accident occurring.

Studio9 does carry a certain amount of accidental insurance on behalf of the students, staff and volunteers. All vehicles carrying students carry accident insurance. You may wish to consider purchasing additional personal/ medical coverage.

A low risk activity is defined as any activity that occurs during the regular school day, is held in a location away from school property, and is not of an athletic nature beyond normal school Physical Activities. Some field trip events may include being near or in water such as a stream bank or lakeshore clean up or supervised swimming lessons. Other activities might include moderate hiking and/ or walking along or near roadways. Every effort is made to ensure students act in a safe and responsible manner and that risk is kept to a minimum.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**ACKNOWLEDGEMENT AND PERMISSION** - I/ We have read the above, and we give permission for the student stated above to attend or participate in any and all Low Risk Activities, as defined above, for which he/ she may be eligible . We provide this permission with the assurance that no such event or activity will take place without prior notification being sent to us outlining the nature of the event (or series of events), the date(s) and time(s). At the time of such notification, we reserve the right to refuse permission for the student to attend the particular event. We recognize the potential for injury or property damage, and we agree to assume the risks associated with these activities and events. We also recognize that failure on the part of the student to obey school rules or failing to follow the rules or instructions laid out by teachers, volunteer chaperones, or people helping to stage the event (e.g. theatre ushers, lifeguards etc.) may result in the student being subjected to disciplinary action.

We understand that these events are part of the school curriculum and expected behavior and attendance is the same as in normal classroom studies. **NOTE: If signed participation is not provided, student will not be permitted to participate.**

**RELEASE AND INDEMNIFICATION** - In consideration of Studio9 allowing the student to participate in the activities listed above, we hereby agree to release, and hold harmless, the School, the Vedanta Educational Society, it's employees, volunteers, agents, heirs, executors, and administrators from actions, causes of action, claims, suits, and demands of whatever nature including negligence of the Studio9, and it's employees, volunteers and agents. We understand that this release applies to any injury, loss or damages sustained while participating in or being transported to or from these activities.

Incase of serious accident or illness. I/ we request the school to contact me/ us or, if I/ we cannot be reached within a reasonable amount of time, the emergency contact and the family doctor, based on the contact information provided to the school . I/ we authorize the school to take whatever immediate action is considered necessary in the circumstance that may include rendering basic first aid, obtaining and following instructions from the family doctor or other licensed health practitioner, and providing or arranging transportation of the student to the nearest health care facility. I/ we hereby release the Vedanta academy, Vedanta Educational Society, it's employees, volunteers, and agents, from any and all liability for any injury , which may be sustained as a result of providing basic treatment or helping to obtain additional medical treatment.

I/ We further agree to indemnify and save harmless Studio9, it's employees, volunteers and agents from actions, causes of action, claims, suits and demands of whatever nature including negligence, except for the gross negligence of Studio9, and it's employees, volunteers and agents, which might be incurred by them as a result of or in relation to any basic or medical treatment provided.

Parent:/ Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix A

The following are suggested formats for Student Registration Forms to verify parental/legal guardian lawful admission to Canada and residency in British Columbia. This information should be included in the General Student Record.

### **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 a 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 photocopy of citizenship paper/card)
- ☐ A landed immigrant (attach photocopy of landed immigrant status paper)
- ☐ Lawfully admitted to 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 two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
  - ☐ Other - document description: (must be cleared with Immigration Canada) \_\_\_\_\_

#### ***(Residency in British Columbia)***

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

- ☐ Yes Residency address: \_\_\_\_\_
- ☐ No I am not a resident of British Columbia

#### **Confirming signature:**

3. Parent's/legal guardian's name: \_\_\_\_\_  
Parent's/legal guardian's signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**Ministry of  
Education**

Office of the Inspector of  
Independent Schools

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