



APPLICATION FORM

Student Last Name

Student First Name

Current Grade

Grade Applying For

Instructions

Save this Application Form to your computer prior to completing. Once completed, print, sign and mail the Application Form, along with the supporting documentation in one envelope, to:

Fraser Academy - Admissions

2294 West 10th Ave.
Vancouver, BC V6K 2H8

Required Supporting Documentation

- Completed and signed Application Form (*this form*)
- Photo of student
- Copy of student's Birth Certificate or Passport
- Copy of student's Report Cards (*current school year, if available, and previous two school years*)
- Copy of PsychoEducational Assessment (*dated within the last three years*)
- \$500 non-refundable application fee. Please select your method of payment:
 - Cheque:** please attach a cheque made payable to 'Fraser Academy'; **or**
 - Online Payment:** using MasterCard, Visa or American Express. Please print off and attach your confirmation of payment from www.plastiq.com. Note: Plastiq applies an administrative fee of 2.5%.

Supplementary Documentation (*Include the following if applicable.*)

- Copy of any previous PsychoEducational Assessment(s)
- Copy of Individual Education Plan (IEP)
- Copies of additional assessments/reports of conditions

For Office Use Only

Date Application Received:

Student Details

Legal Last Name Legal First Name

Preferred Last Name Preferred First Name

Date of Birth (DD/MM/YYYY) Male Female Other

Primary language spoken at home Other language(s) spoken

Sibling Information

Sibling Name	DOB (MM/YYYY)	School Attending
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Canadian Residency Status

	Canadian Citizen	Landed Immigrant	Work* / Study Permit*	Other*
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please provide details:

BC Residency Status

Do the parents/guardians currently reside in British Columbia? Yes No

First Nations & Residency

Does the student identify as First Nations? Yes No

If Yes, is the student currently living on Reserve? Yes No

If on Reserve, what is the Band name?

Parent / Guardian Information

Parent / Guardian 1

Salutation (Mr., Ms., Dr., etc.) Relationship Mother Father Other - please specify:

Last Name First Name

Email Preferred Phone

Full Mailing Address (including postal code)

Job Title Employer / Business Name Self-Employed (complete fields to the left as well)

Parent / Guardian 2

Salutation (Mr., Ms., Dr., etc.) Relationship Mother Father Other - please specify:

Last Name First Name

Email Preferred Phone

Full Mailing Address (including postal code)

Job Title Employer / Business Name Self-Employed (complete fields to the left as well)

Marital Status and Custody Arrangements

Status of Parental Relationship

- Married
 Common Law
 Separated
 Divorced
 Widowed
 Remarried

Please explain the nature of any custody arrangements in place:

Applicant Lives With

- Both parents/same house
 Both parents/separate houses
 Parent/Guardian 1 only
 Parent/Guardian 2 only
 Other - please specify name and relationship:

Note: Upon acceptance, you will need to provide a copy of any legal documents pertaining to custody arrangements.

Connection to Fraser Academy

Has the student, or the students’s family previously attended any Fraser Academy programs or events?

- | | |
|---|---|
| <input type="checkbox"/> Returning Fraser Academy Student | <input type="checkbox"/> Tour of the School |
| <input type="checkbox"/> After 3 Tutoring (FAx) | <input type="checkbox"/> Community Education Evening |
| <input type="checkbox"/> Educational Consulting (FAx) | <input type="checkbox"/> Orton-Gillingham Instructor Training Course / Workshop |
| <input type="checkbox"/> Summer Boost Camp | <input type="checkbox"/> Family member is an Alumna/us of Fraser Academy |
| <input type="checkbox"/> Open House | |

How did you hear about Fraser Academy? (Check all that apply)

- Fraser Academy Website
 Online search
 Social media
 Magazine
 Newspaper

Personal Recommendation from:

Other:

Student Profile

Students learn best when their learning differences are understood and supported. Please help us understand your child so that we can fully assess how to support their individual academic, social and emotional needs.

Please expand on any answers in the boxes provided, including where you have answered ‘Yes’ to a question.

If space is insufficient, please add another sheet.

1. School History (include current schooling; indicate if the student is being homeschooled)

Name of School Attended	Grade (s) Attended	From (MM/YYYY)	To (MM/YYYY)
			Current

2. Has your child ever repeated a grade or delayed starting a grade? Yes No

3. Has your child ever received primary instruction in another language (e.g. French Immersion)? Yes No

4. Has your child ever been asked to withdraw from a school (temporarily or permanently), or missed school for an extended period of time? Yes No

5. Has your child received educational support (such as learning assistance or tutoring) either at, or outside of school? Yes No If yes, please specify provider’s name, type of support, frequency and duration.

5. How would you describe your child?

6. How do you believe Fraser Academy could help your child to thrive?

7. What do you see as your child's greatest strengths?

8. What hobbies, programs, clubs or activities does your child enjoy?

At school:

Outside of school:

9. What academic challenges does your child experience?

10. Describe any history of learning difficulties in your extended family: reading, spelling, writing, math and/or attention.

11. How does your child interact with others? Please include any challenges in school settings, with peers, and/or at home, if applicable.

12. Has your child experienced any emotional and/or mental health challenges? If so, please provide details.

13. Does your child have any chronic health and/or developmental concerns? If so, please provide details.

14. Is your child currently taking any prescription medication(s)? If so, which medication(s) and why?

15. Has your child ever been assessed, diagnosed, or treated for any of the following conditions (answer all questions):

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | ADHD / ADD | <input type="checkbox"/> Yes <input type="checkbox"/> No | School / Separation anxiety |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Complex Developmental Conditions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Anxiety Disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Developmental Coordination Disorder (DCD) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reactive Attachment Disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Speech Language Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No | Post-Traumatic Stress Disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Depression |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Serious and/or Chronic Illness / Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sleep Disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Traumatic Brain Injury / Significant Concussion | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eating Disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing loss / Deafness (unilateral / bilateral) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Oppositional Defiant Disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Central Auditory Processing Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Conduct Disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vision impairment (low vision, blindness, motor) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gaming / Internet Addiction |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Substance Abuse (alcohol, drugs) | | |

16. If you have answered “Yes” to any of the items in Question 15, please provide brief details below.

17. Choose one of the following:

- I have included copies of any assessments/reports relating to any conditions mentioned on pages 7 & 8, where such conditions are current or were assessed/diagnosed/treated within the last 5 years (if readily available), **or**
- There are no such assessments/reports to submit for my child.

18. Are there any other factors you would like us to consider regarding your child’s application to Fraser Academy?

Bursary Assistance

We believe that all children and youth, regardless of economic situation, deserve an education in a setting where they can learn and prosper. Every year, 10 - 15% of our families receive financial aid. Further details can be found at www.fraseracademy.ca/admissions.

Please indicate if you anticipate applying for bursary assistance. Yes No

Parent/Guardian Acknowledgement

By signing below, I/we acknowledge that I/we have read and understand that:

Acceptance: The \$500 admission application fee is non-refundable. This application does not automatically guarantee an admissions interview or automatically admit my/our child to Fraser Academy. Fraser Academy reserves the right to make a final decision as to whether to proceed with the Admissions process based on the school’s assessment criteria.

Waitlist: If there is no space in the grade being applied to, and should my/our child be deemed by Fraser Academy to be a potential candidate for acceptance, I/we understand my/our child may be placed on a waitlist. Should a space open up, I/we understand that acceptance from the waitlist is based on best fit for the school, not first come, first served.

Contract: Should my/our child be accepted, I/we understand that I/we will enter into a continuous enrolment contract with Fraser Academy and I/we will agree to pay all tuition and incidental fees as they become due in accordance with the contract.

Non-discrimination: Fraser Academy admits students of any race, colour, religion, ancestry, place of origin, sexual orientation, gender identity, or with any disability that can reasonably be accommodated by the school, to all rights, privileges, programs and activities generally accorded or made available to students at Fraser Academy. It does not discriminate on the basis of such factors in the administration of its admission, financial aid, educational, or employment policies.

Accuracy of information: All information in this Application Form and in any supporting documentation provided is true and up to date to the best of my/our knowledge. I/we have neither omitted nor embellished any facts relating to my/our child’s application to Fraser Academy. I/we understand that if material information has been omitted from my/our child’s application, Fraser Academy reserves the right to later withdraw an offer of acceptance or to terminate placement with continued obligation of tuition fees on me/us.

Privacy of information: Any information shared with Fraser Academy relating to my/our child’s application is subject to Fraser Academy’s Privacy Policy. A copy of the Privacy Policy can be found at <https://fraseracademy.ca/privacy-policy>

Custody arrangements: I/we have the right to make decisions about my/our child’s education and that in submitting this application, I/we am/are not in breach of any custody arrangements or court order relating to my/our child.

Parent/Guardian 1 Name

Parent/Guardian 2 Name

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)