



# APPLICATION FORM

Student Last Name		Student First Name
<input type="text"/>		<input type="text"/>
Current Grade	Grade Applying To	School Year Applying To (e.g. 2021/22)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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

Alternatively, please scan all documents and send via email to [admissions@fraseracademy.ca](mailto:admissions@fraseracademy.ca).

## Required Supporting Documentation (please check all boxes that apply)

- Completed and signed Application Form (this form)
- Family photo
- Copy of student's Birth Certificate or Passport
- Copy of student's Report Cards (current school year, if available, and previous two school years)
- For students applying to Gr. 11 and 12 only, a list of courses to be completed during the 2020/21 school year
- Copy of current PsychoEducational Assessment (dated within the last three years, i.e. no later than September 2018 for those wishing to be considered for the 2021/22 school year)
- Copy of any previous PsychoEducational Assessment(s)
- Copy of Individual Education Plan (IEP)
- Copies of additional assessments/reports of conditions (including those identified in Question 19)
- \$500 non-refundable application fee. Please select your method of payment:
  - Cheque:** please attach a cheque made payable to 'Fraser Academy'; **or**
  - Plastiq:** using MasterCard, Visa or American Express. Please print off and attach your confirmation of payment from [www.plastiq.com](http://www.plastiq.com). Note: Plastiq applies an administrative fee of 2.5%; **or**
  - Interac e-Transfer:** email to [accountspayable@fraseracademy.ca](mailto:accountspayable@fraseracademy.ca) (no security answer necessary, include the student's name in the memo field). Please print off and attach your confirmation of the e-Transfer.

<b>For Office Use Only</b>	
Date Application Received:	<input type="text"/>
<input type="text"/>	<input type="text"/>

**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

**Aboriginal Ancestry**

Does the student identify as being of Aboriginal ancestry?  Yes  No  
 (e.g. First Nation (status & non-status), Inuit, Métis)

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  Cell Phone

Home Phone  Work 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  Cell Phone

Home Phone  Work Phone

Full Mailing Address (including postal code)

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

## Parent Marital Status and Custody Arrangements

### Status of Parental Relationship

- Married  
  Common Law  
  Separated  
  Divorced  
  Widowed  
  Other

Please explain the nature of any custody arrangements in place:

### Applicant Lives with

- Both parents/same house  
  Other - please describe below:

**Note:** Upon acceptance, you will need to provide a copy of any legal documents pertaining to custody arrangements, e.g. separation agreement, or court order appointing legal guardianship.

## Connection to Fraser Academy

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

- |  |   |
|--|---|
| <input type="checkbox"/> Returning Fraser Academy Student          | <input type="checkbox"/> Community Education Evening  |
| <input type="checkbox"/> After 3 Tutoring (FA <sup>x</sup> )       | <input type="checkbox"/> Orton-Gillingham Instructor Training Course / Workshop   |
| <input type="checkbox"/> Educational Consulting (FA <sup>x</sup> ) | <input type="checkbox"/> Family member is currently attending or is an Alumna/Alumnus of Fraser Academy (please provide name, grades and years attended): |
| <input type="checkbox"/> Summer Boost Camp                         |   |
| <input type="checkbox"/> Open House                                |   |
| <input type="checkbox"/> Tour of the School                        |   |

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

- Fraser Academy Website  
 Online search  
 Social media  
 Magazine  
 Newspaper

Personal recommendation from:

Other:

Has the student previously applied to Fraser Academy?  Yes  No

If yes, please provide details:

**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:

6. Please indicate whether your child has ever received a BC Ministry of Education Special Needs Designation(s).

E.g. Category “Q” - Learning Disability, “P” - Giftedness; “D” - Physical Disability or Chronic Health Impairment, etc.

Yes  No  Don’t know If yes, please indicate which category and dates below.

Category e.g. “Q”, “P”, “D”, etc.	Date designation received (from MM/YYYY to MM/YYYY)

7. How would you describe your child?

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

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

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

At school:

Outside of school:

11. What academic challenges does your child experience?

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

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

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

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

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

17. 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)                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sensory Processing Disorder    |



18. If you have answered "Yes" to any of the items in Question 17, please provide brief details below.

19. 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, **or**
- No assessments/reports relating to any conditions mentioned on pages 7 & 8 have been carried out/produced within the last 5 years.

20. 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 (including the deadline for application) can be found at [www.fraseracademy.ca/admissions](http://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.

**Waitpool:** 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 in a waitpool. Should a space open up, I/we understand that acceptance from the waitpool is not first come, first served, but is based on best fit for the program and learning environment.

**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. I/we understand that in a shared custody situation, both parents/guardians will be required to enter into the contract to consent to the enrolment, regardless of who agrees to pay the fees.

**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)