



WESTMOUNT CHARTER SCHOOL
APPLICATION FOR ADMISSION
 Registration Desk, 728 32 St NW
 Calgary, AB T2N 2V9
 (403) 217-0426
 Email: registrar@westmountcharter.com

Principal
Dr. Shelley Robinson
 Assistant Principals
Marylyn Waters
Hal Curties
Dani Sever
Chris Hooper

SCHOOL INFORMATION DISCLOSURE

The information requested on this form is collected under the *School Act* (Student Record Regulation), Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*, and the *Canadian Charter of Rights and Freedoms*, Section 23. Information acquired through this form is kept secure and access is restricted. (If you have any questions regarding the collection, use or disclosure of this information, please contact the school administration.)

STUDENT INFORMATION

LEGAL LAST NAME:										LEGAL FIRST NAME:										LEGAL MIDDLE NAME:									
LAST NAME (IF DIFFERENT FROM ABOVE)										FIRST: (IF DIFFERENT FROM ABOVE)										GENDER: FEMALE <input type="radio"/> MALE <input type="radio"/>									
BIRTHDATE: MONTH DAY YEAR										SIBLINGS ATTENDING WESTMOUNT : NAME										GRADE (SEPT 2012)									
GRADE (Sept 2012):																													

CITIZENSHIP: CANADIAN LANDED IMMIGRANT OTHER
 A copy of the student's Birth Certificate and (if applicable) immigration documentation must be attached in order for this application to be processed. A copy of immunization records, if available, should also be attached. If Landed Immigrant, a copy of your Visa/ Immigration Documentation must also be attached.

If you wish to declare that you are an Aboriginal person, please contact the office for further details and clarification.

FRANCOPHONE ELIGIBILITY: Does your child have Francophone eligibility? NO YES
 If yes and you wish to exercise your right to have your child educated in a Francophone School, please contact the Conscils Scolaires Catholique et Francophones de sud e l'Alberta phone (403) 685- 9881.

SCHOOL BOARD TAX ALLOCATION – please Indicate School Board to which taxes are allocated:
 Calgary Public Calgary Catholic Other (please specify)

PREVIOUS SCHOOL OR CARE AGENCY ATTENDED

NAME OF SCHOOL OR CARE AGENCY:		ADDRESS:	
PHONE:	FAX:	CITY:	PROV: POSTAL CODE:

I hereby give permission to Westmount Charter School to contact the above named school or care agency for the purpose of requesting student records and making inquiries of previous teachers and administrators regarding information that may be pertinent to student programming.

 PARENT / GUARDIAN SIGNATURE

 DATE

PARENT/GUARDIAN INFORMATION

STUDENT LIVES WITH: (INFORMATION COLLECTED TO ENABLE SCHOOL TO DIRECT COMMUNICATIONS TO APPROPRIATE ADDRESS (ES)
 MOTHER & FATHER MOTHER FATHER LEGAL GUARDIAN OTHER (PLEASE SPECIFY)

MOTHER'S INFORMATION

FATHER'S INFORMATION

MOTHER'S FIRST NAME:		MOTHER'S LAST NAME:		FATHER'S FIRST NAME:		FATHER'S LAST NAME:	
MOTHER'S CONTACT NUMBERS: HOME: WORK:		FATHER'S CONTACT NUMBERS: HOME: WORK:					
MOTHER'S E-MAIL:		FATHER'S E-MAIL:					
CELL: FAX:		CELL: FAX:					
MOTHER'S ADDRESS:				FATHER'S ADDRESS: (IF DIFFERENT FROM MOTHER'S)			
CITY: POSTAL CODE:		CITY: POSTAL CODE:					
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)							
				CITY: POSTAL CODE:			

GUARDIAN INFORMATION (complete only if Legal Guardianship is applicable)

(IF GUARDIAN IS THE LEGAL CAREGIVER, PLEASE COMPLETE THE FOLLOWING INFORMATION AND ATTACH COPIES OF SUPPORTING DOCUMENTS)

GUARDIAN'S LAST NAME:

GUARDIAN'S FIRST NAME:

GUARDIAN'S CONTACT NUMBERS:

E-MAIL:

HOME:

WORK:

CELL:

FAX:

GUARDIAN'S MAILING ADDRESS:

CITY:

POSTAL CODE:

STUDENT PROGRAMMING INFORMATION AND DISCLOSURE

This information is required to assist in determining a student's eligibility for admission to Westmount Charter School as well as to identify specific pre-existing educational program requirements that may affect the student's academic, social, and/or emotional development. Non-disclosure diminishes the school's ability to provide the necessary supports, and can potentially jeopardize the student's application for admission.

If the space provided is insufficient, please feel free to attach additional sheets.

Has your child ever received additional learning support inside or outside the classroom?

NO YES

If yes, explain the nature and duration of the support.

Has your child ever received diagnostic testing for reading, writing, or mathematics?

NO YES

If yes, specify the type of testing conducted, the purpose, and the results, if known.

Has your child ever received a Psycho-Educational assessment?

NO YES

If yes, a copy of the summative report must be included. .

REPORT ATTACHED

Has your child ever received an assessment to address social, emotional, or behavioural concerns?

NO YES

If yes, explain the presenting concerns and the results of the assessment. All copies of summative reports must be included.

REPORT ATTACHED

Has your child ever received specialized/adaptive programming to address behavioural concerns?

NO YES

If yes, provide details of program, including entry and exit dates, program type, and contact person.

Has your child ever received intensive behavioural intervention funding, primary unit funding, or severe disabilities funding?

NO YES

If yes, explain the presenting condition and provide a copy of the most recent individualized program plan

IPP ATTACHED

PARENT / GUARDIAN COMMITMENT STATEMENT TO WESTMOUNT CHARTER SCHOOL

Parents who register or re-register their child at the school must acknowledge their understanding, agreement and support of the school's philosophy and instructional methodology. The Charter Board reserves the right to refuse to register or re-register a student if the school does not have sufficient resources to provide an educational program or learning environment that is appropriate to the needs of that student. Parents are required to annually sign this agreement to acknowledge their understanding and acceptance of this policy and their willingness to abide by its provisions.

PARENT/GUARDIAN SIGNATURE

DATE

DECLARATION

I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information contained in this document.

PARENT/GUARDIAN SIGNATURE

DATE

WESTMOUNT CHARTER SCHOOL
ADMINISTRATION OF PRESCRIPTION MEDICATION AND/OR MEDICAL TREATMENT FORM
if your child does not have any medical issues requiring medication, treatment or accommodation, you *do not need* to fill out this form

Student Information

Student's Name: _____ Grade/Class: _____
Student's Alberta Health Care Number: _____ Student's Date of Birth: _____
Home Address: _____

Contact Information

Mother's Name: _____ Father's Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Emergency Contact Name: _____ Phone: _____
Physician's Name: _____ Phone: _____

Severe Allergy Alert Information

This portion of the form should be completed only if the student has a severe allergy. A severe allergy is defined as a severe allergic reaction or anaphylactic response which, if left untreated, can lead to sudden death.

Allergen(s): _____
Symptoms of a reaction: _____

Emergency Action Plan: *(attach separate sheet if needed)* _____

Medication/Treatment Information

Medication prescribed: _____
Purpose of medication: _____
Medication dosage, time of administration and procedure for administration: _____

Medication storage and safekeeping requirements: _____

Specifics of treatment required, if any: _____

Medication/Treatment Information (cont.)

Possible side effects of medication(s)/treatment and remedial action for side effects: _____

Will it be detrimental to the student’s health if a single dose/treatment is omitted? Yes No

Must this student have this medication/treatment administered during school hours in order to be able to attend school? Yes No

Self-Administration Information

Is this student able to administer his/her own medication/treatment? Yes No

If yes, provide details: _____

Charter Board policy requires that, except in emergencies, the student shall self-administer under adult supervision.

Informed Parental Consent and Acknowledgement

I am the parent of the student named above (“my child”) and I acknowledge and agree:

1. I will provide an adequate and fresh supply of medication for my child.
2. I understand the medication will be stored in a secure location and administered by school staff unless I have given consent for my child to self-administer the medication.
3. I understand it is my responsibility to advise school staff of any change in my child’s medical condition or medication.
4. I acknowledge that actions taken by school personnel will be limited to what is possible in a school setting, and to what can be done by persons untrained in medical procedures.
5. If any emergency arises, I authorize school personnel to administer medication and/or secure medical advice and services, including calling paramedics as deemed necessary. I agree to be financially responsible for such emergency medical assistance.
6. By signing this form, I consent to and authorize school personnel to administer medication/medical treatment to my child.
7. I understand that the Charter Board fully accepts responsibility for students under its care, and is liable to the parents and the students for any loss, injury or damages which occur as a result of the negligence of the school. I am fully aware that there are risks and hazards associated with the administration of medication or medical treatment and that my child may suffer bodily injury as a result of these risks and hazards, and my child may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
8. This form is valid only for the school year in which it is submitted.

Date: _____ Name of Parent: _____ Signature: _____

Physician’s Endorsement

1. The information provided on this form is accurate and complete.
2. The assistance of school personnel required to administer this medication and/or medical treatment is within the competence of persons untrained in medical procedures.

Date: _____ Name of Physician: _____ Signature: _____