

WESTMOUNT CHARTER SCHOOL
Instructions for Application Process (Grades 1-12)
2010-2011

Step 1: Submit an Application

The application package consists of the following:

- Application for Admission
- Talent Profile/Questionnaire
- Teacher/Community Leader Referral Checklist – preferably filled out by your child’s current teacher, but if this is not possible, a referral from another adult outside the family (eg. music teacher, Cub/Brownie leader, sports coach, religious leader) will suffice
- Medical Treatment/Severe Allergies form (please note: if your child does not have any medical issues requiring medication, treatment or accommodation, you *do not need* to fill out this form)
- (Grade 9-12 only – Academic Resume guidelines)

The following documents **must** accompany your application package:

- photocopy of school Report Cards (current and previous year), Attendance Records, and if applicable, a current IPP
- photocopy of Birth Certificate, Immunization Records and Immigration Papers (if applicable)
- recent photo of student (optional)
- Psychological/Educational Assessments (only if applicable)
- medical information on your child (e.g. allergies or medical conditions + details of **all required treatments or accommodations – see form included**)

All application packages **MUST** be fully completed with all documents attached, and received by the school no later than February 19, 2010 (grades 1-5) or March 1, 2010 (grades 6-12) in order to be considered. Packages may be returned:

- by fax (403) 249-3412
- scanned and e-mailed to registrar@westmountcharter.com
- by mail, or hand-delivered, to
Westmount Charter School
2519 Richmond Road SW
Calgary AB T3E 4M2
Attn: Elementary Office [main floor, Elementary wing]

Step 2: Participate in the assessment process

All applications will be reviewed by the Selection Committee. All applicants will be required to participate in our Student Intake Assessment.

- On Friday, March 5th, 2010, students applying for grades 1 to 8 will be required to attend a full day of activities at the school; applicants for grades 9-12 will attend a half day, AM only. Room assignments will be given beginning at 8:45 AM, and the assessment activities will run from 9:00 AM to 2:45 PM.
- In addition, students applying for grades 9 to 12 will be notified of their personal interview time.
- After students have completed the Student Intake Assessment, a final decision will be made by the Selection Committee, as to program suitability. First priority for available spaces will go to children who meet the program suitability standards and have siblings already attending grades 1-12 at Westmount.

Step 3: Wait for notification of our decision

All applicants will be notified **by e-mail** of the Selection Committee’s decision. If an offer is made, families are required to complete the on-line Registration form which confirms their acceptance at Westmount. The registration process must be completed **within 10 days** of receiving the e-mail from the school.

Step 4: Follow Up

Families that will be joining us in the coming school year need to notify us of any changes/additions to their child’s personal information. Examples may be: address, home/work phone numbers, e-mail addresses, custody issues, emergency contacts, medical conditions, allergies, and any psychological or educational reports. In order for us to better serve your family’s needs, it is imperative that the school be made aware of any changes.



WESTMOUNT CHARTER SCHOOL
APPLICATION FOR ADMISSION
 2519 Richmond Rd. SW
 Calgary, AB T3E 4M2
 (403) 217-0426 Fax: (403) 249-3412
 Email: registrar@westmountcharter.com

Martha Faulkner
Principal
Marylyn Waters
Assistant Principal
Hal Curties
Dani Sever
Chris Hooper
Vice Principals

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 2010)									
GRADE (Sept 2010):																													
FRANCOPHONE ELIGIBILITY: Does your child have Francophone eligibility? NO <input type="radio"/> YES <input type="radio"/> 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 Indicate School Board to which taxes are allocated: Calgary Public <input type="radio"/> Calgary Catholic <input type="radio"/> Other <input type="radio"/> (please specify below)									

CITIZENSHIP: CANADIAN <input type="radio"/> LANDED IMMIGRANT <input type="radio"/> OTHER <input type="radio"/> 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.									
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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	
<p>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.</p> <p>If the space provided is insufficient, please feel free to attach additional sheets.</p>	
Has your child ever received additional learning support inside or outside the classroom? If yes, explain the nature and duration of the support.	NO <input type="radio"/> YES <input type="radio"/>
Has your child ever received diagnostic testing for reading, writing, or mathematics? If yes, specify the type of testing conducted, the purpose, and the results, if known.	NO <input type="radio"/> YES <input type="radio"/>
Has your child ever received a Psycho-Educational assessment? If yes, a copy of the summative report must be included. .	NO <input type="radio"/> YES <input type="radio"/> REPORT ATTACHED <input type="radio"/>
Has your child ever received an assessment to address social, emotional, or behavioural concerns? If yes, explain the presenting concerns and the results of the assessment. All copies of summative reports must be included.	NO <input type="radio"/> YES <input type="radio"/> REPORT ATTACHED <input type="radio"/>
Has your child ever received specialized/adaptive programming to address behavioural concerns? If yes, provide details of program, including entry and exit dates, program type, and contact person.	NO <input type="radio"/> YES <input type="radio"/>
Has your child ever received intensive behavioural intervention funding, primary unit funding, or severe disabilities funding? If yes, explain the presenting condition and provide a copy of the most recent individualized program plan	NO <input type="radio"/> YES <input type="radio"/> IPP ATTACHED <input type="radio"/>
PARENT / GUARDIAN COMMITMENT STATEMENT TO WESTMOUNT CHARTER SCHOOL	
<p>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.</p>	
_____	_____
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
TALENT PROFILE / QUESTIONNAIRE

Student Name: _____

Applying for Grade: _____ (Sept 2010)

Parent(s) Name: _____

Date Completed: _____

Please refer to the attached Multiple Intelligences chart to answer question #22

Grades 1-5 – Parent Response

Please put a check-mark in the appropriate box, indicating how each statement describes your child's abilities and interests. *It would be helpful if you could provide a specific example if a statement ranks in the "often" or "always" categories (please use a separate sheet).*

Grades 6-12 – Student Response

Please put a check-mark in the appropriate box, indicating how each statement describes your abilities and interests. *It would be helpful if you could provide a specific example if a statement ranks in the "often" or "always" categories (please use a separate sheet).*

Please note: no student will score "often" or "always" in every category! This form is intended to provide the School with an initial profile of each student's unique combination of talents.

	NEVER	SOMETIMES	OFTEN	ALWAYS
1. I like to "play with ideas," often making up situations which probably will not occur.				
2. I am a "doer" who begins a project and shows finished products of his/her work.				
3. I suggest creative ways of doing things, even if the suggestions are sometimes impractical.				
4. When I tell about something that is very unusual, I express myself by elaborated gestures, pictures, or words.				
5. I use common materials in ways not typically expected.				
6. I avoid typical ways of doing things, choosing instead to find new ways to approach a problem or topic.				
7. I often find humour in situations or events that are not obviously funny to others my age.				
8. I will spend more time and energy than my peers on a topic of my interest.				
9. I am a "self-starter" who works well alone, needing few directions and little supervision.				
10. I set high personal goals and expect to see results from my work.				

Directions: Please put a check-mark in the appropriate box, indicating how each statement describes your (or your child's) abilities and interest. *It would be helpful if you could provide a specific example if a statement ranks in the "often" or "always" categories (please use a separate sheet)*

	NEVER	SOMETIMES	OFTEN	ALWAYS
11. I get so involved with a project that I give up other pleasures in order to work on it.				
12. I continue to work on a project even when faced with temporary defeats and slow results.				
13. While working on a project (and when it is finished) I know which parts are good and which parts need improvement.				
14. I enjoy working in a group on an assignment.				
15. I am a rapid learner, who masters content, skills, concepts, processes and procedures sooner (at an earlier age), faster (with less drill and practice) and more thoroughly (in greater depth or breadth) than others my age.				
16. I am highly inquisitive/intensely curious. I am exceptionally eager, enthusiastic and energetic (mentally and/or physically); I have an intense desire to know, understand, do, feel or create. I have interests that are widely eclectic and/or intensely focused; I have numerous hobbies and/or collections.				
17. I thrive in challenging/complex problem solving situations and takes pleasure in intellectual activity.				
18. I am intuitive, recognizing connections or deeper meanings without conscious awareness of thoughts or feelings. I may not always be able to explain how I reached a conclusion or why the solution I have chosen is correct.				
19. I have a keen sense of humour that may be gentle or hostile. I enjoy puns, jokes, nonsense rhymes, tongue twisters, cartoons, comics, comedies, satires.				
20. I have an excellent memory for words, numbers, images, sensations, actions or events.				

21. Do you consider yourself (your child) to be intellectually and/or academically advanced when compared to your age peers? In what ways?

22. Do you consider yourself (your child) to be advanced in one of the Multiple Intelligences when compared to your age peers? In what ways?

23. Describe your (your child's) social interactions with peers. Include strengths as well as apparent needs in terms of social interactions.

24. If this student has received any Psycho-Educational assessment or support services for learning needs, behaviour or social-emotional concerns please provide a brief explanation of the concerns and associated supporting programming.

25. What aspect(s) of our program holds special appeal for you (your child)?

26. List your top three goals regarding your (your child's) future.

27. How do you (your child) learn best?

28. Describe your (your child's) work habits. Please give examples.

29. In your opinion, what stand should a school take regarding below average performance or repeated student behavioural problems?

30. What has been your (parent's) involvement with your child's school program?

31. How did you find out about our program?

32. Is there anything else you would like to share with us about you or your child?

Logical/Mathematical:

- thinks in numbers
- thinks clearly and analytically
- learns by appealing to logic
- uses abstract symbols
- solves logic problems easily
- is good at math

Visual/Spatial:

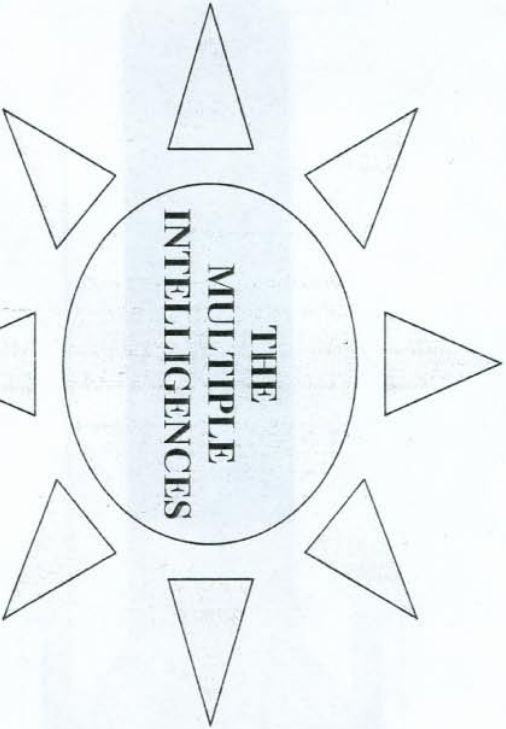
- thinks in pictures and images
- is good with spatial relations
- Has good eye for detail and colour
- Can "see" solutions to problems
- Learns through visuals
- Likes to draw and create

Verbal/Linguistic:

- learns through reading, writing, discussing
- communicates effectively
- has a good vocabulary
- writes clearly
- spells easily
- thinks in words

Musical/Rhythmic:

- has a good sense of rhythm and melody
- likes to sing, hum, chant and rap
- enjoys listening to music
- reads and writes music
- learns through music and lyrics
- enjoys creating music



Interpersonal:

- makes and maintains friends easily
- understands and respects others
- leads and organizes others
- resolves conflicts
- learns by interacting with others
- likes to work and be with others

Body/Kinesthetic:

- are highly coordinated
- use gestures and body language
- take things apart and fix them
- learns through "hands-on" activities
- enjoys acting and role-playing
- enjoys dancing and athletics

Naturalist:

- are aware of their natural surroundings
- can discriminate between flora and fauna
- are good at sorting and classifying
- has keen observation skills
- understands natural phenomena
- likes to garden or care for animals

Intrapersonal:

- knows themselves well
- are introspective
- likes quiet time alone
- has strong opinions and beliefs
- needs time to process information
- likes to think about their own thinking

Westmount Charter School
 Teacher/Community Leader Referral Checklist
 2010-2011

Student Name:		Demonstrates rarely	Demonstrates occasionally	Demonstrates frequently
Person Completing Form:				
Relationship to Student:				
Creativity	Asks questions, curious about many topics			
	Generates original ideas on broad topics			
	Takes appropriate risks in thinking (speculates) and in action			
	Sees things in varied ways			
	Offers unique or unusual ideas			
	Adds details, elaborates, transforms or combines ideas			
	Effectively elaborates on ideas			
	Sees implications or consequences easily			
	Feels free to disagree			
	Finds subtle humour, paradox or discrepancies			
	Generates large quantities of ideas			
Task Commitment	Sets own goals, standards			
	Intense involvement in preferred problems and tasks			
	Persistent in tasks which may hold little interest			
	Enthusiastic about learning, interests and activities			
	Needs little external motivation			
	Prefers to concentrate on own interests and projects			
	High level of energy			
	Completes, shares tasks / products			
	Eager for new projects / challenges			
	Accepts responsibility for self			
General Ability	Advanced vocabulary			
	Good memory			
	Learns quickly and easily			
	Knows many facts about various topics			
	Generalizes skillfully			
	Comprehends new ideas readily			
	Makes abstractions easily			
	Perceives similarities, differences and relationships			
	Makes considered judgments and decisions			
Affective Domain	Demonstrates appropriate behaviours in a variety of settings			
	Recognizes personal strengths and differences			
	Has a positive self-concept			
	Empathizes and responds appropriately to feelings of others			
	Demonstrates respect for others			
	Participates in group discussion			
	Relates effectively within a group			
	Listens and responds actively to the ideas of others			

CONTINUED...

Teacher/Community Leader Referral... cont'd

The purpose of the following questions is to provide us with a more well-rounded picture of the student applying. Any comments you wish to share with us, would be appreciated.

Please provide any examples of things the student does in the classroom that may demonstrate advanced academic abilities or intellectual thinking?

Describe this student's work ethic and level of motivation in the classroom.

In what ways does this student demonstrate an awareness or use of organizational skills?

Describe the student's ability to adapt to a structured classroom setting, follow routines and classroom expectations as well as coping skills during unstructured times.

How would you rate the student's ability to interact with peers and get along in social situations?

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: _____