

## INTERNATIONAL APPLICATION FOR ADMISSION: ELEMENTARY PROGRAM

Application Date:	This application is for admission to grade _____ for: <input type="checkbox"/> Current year: 20____ <input type="checkbox"/> Next year: 20____
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### STUDENT INFORMATION

Name:		Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Age:	Date of Birth (dd/mm/yyyy):	
Citizenship:	Place of Birth: City:	Country:
Student's Home Address:		

### FAMILY INFORMATION

Mother's Name:		
Mother's Address: <input type="checkbox"/> same as son/daughter, or:		
Mother's Occupation:	Place of Work:	
Home Phone:	Business Phone:	Cell Phone:
Mother's Email:		
Father's Name:		
Father's Address: <input type="checkbox"/> same as son/daughter, or:		
Father's Occupation:	Place of Work:	
Home Phone:	Business Phone:	Cell Phone:
Father's Email:		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased		
Student lives with: <input type="checkbox"/> Both parents, same household <input type="checkbox"/> Both parents, different households <input type="checkbox"/> Mother only <input type="checkbox"/> Father only		
Check if Applicable: <input type="checkbox"/> Joint custody <input type="checkbox"/> Sole custody mother <input type="checkbox"/> Sole custody father		
Preferred or family email address for correspondence:		
Accompanying Family member: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		

<b>Custodian Information:</b> (Must be a Canadian Citizen or Permanent Resident over 19 years of age and assume the role of official contact for the school)	
Surname: _____	First name: _____ Relationship to student: _____
Street Address: _____	City: _____ Province: _____ Postal code: _____
E-mail address: _____	
Phone numbers: Home _____	Cell _____ Work _____
<b>Local contact in Canada (if different than custodian):</b>	
Surname: _____	First name: _____ Relationship to student: _____
Street Address: _____	City: _____ Province: _____ Postal code: _____
E-mail address: _____	
Phone numbers: Home _____	Cell _____ Work _____
<b>Medical Insurance:</b> Coverage must be arranged for entire school registration period	
<input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months	Start date: _____
Name of Insurance company: _____	Policy number: _____

<b>PARENT QUESTIONNAIRE: STUDENT LEARNING PROFILE</b>
What is your son/daughter's learning disability diagnosis?
Please describe your son/daughter's main learning issues/areas of difficulty:
Please describe your son/daughter's strengths, abilities and talents:

What Special Education services (if any) has your son/daughter received?

What does your son/daughter like most about school?

What does your son/daughter like least about school?

Has your son/daughter displayed behaviour problems in school or at home?

**PARENT QUESTIONNAIRE: PLEASE COMMENT ON YOUR SON/DAUGHTER'S ABILITIES OR NEEDS IN EACH OF THESE AREAS:**

<i>Communication Skills</i>	<i>Organizational Skills</i>
<i>Attention Span</i>	<i>Class Participation</i>
<i>Independent Work Skills</i>	<i>Teamwork</i>
<i>Homework Completion</i>	<i>Motivation to Learn</i>

<i>Social Skills</i>	<i>Relations with Peers / Friends</i>
<i>Relations with Adults / Teachers</i>	<i>Classroom Conduct</i>

SCHOOL HISTORY			
Current School:			
Current School Address:			
Principal's Name:		School Phone Number:	
PLEASE LIST PREVIOUS SCHOOLS ATTENDED:	School Phone Number:	Years	Grades

HEALTH PROFILE
Does your son/daughter have any physical challenges that would preclude them from participating in school activities? Please describe:
Does your son/daughter have any allergies? Please describe:

## SUPPLEMENTARY INFORMATION

The Admissions Team will consider the suitability of our program for your son/daughter's unique requirements and whether an appropriate class and learning group is available for the applicant. To assist with this process, please include the following documents (certified and translated to English) with your application, if available:

1. Most recent Report Card and/or Progress Report.
2. Most recent IEP (Individual Education Plan).
3. Most recent evaluations, assessments or reports from psychologists/psychiatrists, speech and language pathologists, occupational therapists, educational consultants, etc.
4. Recent samples of your son/daughter's work that represent his or her abilities in math, reading, writing or other subjects.

### There are four steps in the Admissions Process:

1. Parent meeting and/or telephone discussion with the Principal and/or Admissions Coordinator
2. Submission of documents including previous report cards, psychological and academic assessments, Individual Education Plan (IEP), etc.  
(All documents must be certified and translated into English)
3. Application Submission
4. Student Assessment & Interview - approximately one and a half hours
5. Class visit - usually half or full day

We will inform parents of acceptance as soon as possible following the assessment/class visit. (If student is not able to come to Toronto for these assessments and visits, alternative arrangements, such as a telephone interview, may be requested).

Once the student has been accepted at Brighton School, an official **Letter of acceptance** will be provided. You may use this letter to request the Study Permit from Citizenship and Immigration Canada.

#### Deferral of Fees:

If study permit is not issued in time for student to attend (within 2 weeks following the commencement of classes), fees will automatically be deferred to the following semester. Request for deferral must be submitted in writing within 30 days of the denial of the study permit. The original letter of refusal from Citizenship and Immigration Canada must accompany the written request.

#### Refund policy:

Refunds are only granted if the student is refused the study permit by CIC –

- Partial refund – tuition less \$100.00 Administration fee
- Non-refundable – application fee

There will be NO REFUND of the tuition fee in the following circumstances:

- If student chooses to withdraw for any reason after study permit has been granted using Brighton's official Letter of Acceptance
- If student is found in violation of the Brighton Code of Behaviour

### PARTICIPATION AGREEMENT: *(must be signed by student and parents)*

International students must comply with all the Brighton policies and Student Code of Behaviour. Failure to follow school policy or to comply with the conditions of the study permit as stated by Citizenship and Immigration Canada (CIC) will result in the student being demitted. NO REFUNDS WILL BE GRANTED IF STUDENTS ARE DEMITTED FOR ANY OF THE ABOVE REASONS.

Student must notify the Director, Kathy Lear, of a change in custodian.

I/we have read and agree to comply with the above conditions regarding the participation agreement, deferral and refund policy.

I/we have read, acknowledge and agree to all the guidelines and information pertaining to school admission at Brighton.

Yes  No Student photographs, videotaped images and activities, video recordings, artwork, writing or other school work may be recorded, displayed or used in school specific internet web pages for documentation and presentation purposes. I/we understand and consent to the use of the above records and images by Brighton School for the individual named below.

Yes  No I give my child permission to attend school field trips

**SIGNATURES:** Student \_\_\_\_\_ Date \_\_\_\_\_  
Parent \_\_\_\_\_ Date \_\_\_\_\_  
Parent \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your Application.  
All information will be kept confidential.**

**Please return both this form and supplementary information with the \$450 International Application Fee to:**

**Brighton School Admissions  
240 The Donway West,  
Toronto, Ontario, M3B 2V8**

Upon acceptance, you will be required to provide the following:

- Notarized "Custodianship Declaration"
- Tuition Fee - \$24, 552 in Canadian dollars (Bank Draft)

STUDENT QUESTIONNAIRE

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Which school subjects do you enjoy the most? Explain

Which subjects do you find the most difficult?

What helps you to be successful at school?

What do you do for fun, in your spare time?

What extra-curricular activities, teams etc. are you involved in? Please explain

What are your goals for the future? Do you have a career path, or an area of interest in mind?

Student Signature: \_\_\_\_\_