#### International Student **Application for Admission School Year GROVE** Re-Registration Transportation New Registration Date Student Name $\square$ M O F Date of Birth Sex Passport No. **Entering Grade** Canadian Address City Home Phone Postal Code Country of Citizenship Student Visa No. **Parent/Guardian Information** GUARDIAN **PARENTS** Name **Address** Home Phone **Business Phone** Cell Number E-Mail Address Place of Employment In consideration of the acceptance of this application for admission and other good and valuable consideration, I agree to pay promptly, school tuition fees and disbursements and I covenant to adhere to the rules governing the school. I have read the Schedule of Fees and Rules of this application, and agree that the said rules and regulations are to be incorporated as the terms of agreement entered in herein. **Signature** Date **Parent/Guardian Permission** I hereby authorize the release of academic, social, medical and psychological information regarding my son/daughter to Newton's Grove School and their referral sources. **Signature** Date We have planned several field trips for the students during the year. We will be visiting the local library, ice rink and swimming pool on a regular basis. As well, we will be visiting specific locations planned to enhance the students' program. As with all other activities, students will be closely supervised. grant permission to my son/daughter to attend all excursions during the school year provided and arranged by Newton's Grove School and agree to accept the responsibility. **Signature** Date grant permission for my son/daughter's photograph to be used on the Newton's Grove School website, social media, print and promotional materials. **Signature** I give my consent to Newton's Grove School to share the e-mail address(es) listed above within the school community. Signature Date

### **International Student Medical Information Form**

#### **School Year**



Student Name		Grade	
Canadian Address			
Health Insurance Carrier			
Physician		Phone	
Is your child currently receiving medication?	Yes	■ No	
Name of medication			
If yes, describe the condition for which it is being given	List any me	edical conditions significant to y	our child's well being
Parent /Guardian Permission			
I give permission to Newton's Grove School to administer			
	NAME OF MEDICATION	ON	
to my child		TIME	
NAME OF CHILD	DOSAGE	TIME	
Signature	Date		
I give permission to Newton's Grove School to administer	Tylenol/Advil to	my child as ne/sne requires.	
Signature	Date		
Emergency Information			
Please give the names of two other persons to contact in	the event of an	emergency if you cannot be rea	ached.
Name		Phone	
Name		Phone	
In the event of an emergency, and I or the above cannot be and administer to my child as they deem necessary.	be reached, I aut	horize Newton's Grove School t	o act on my behalf
Signature		Date	
Pertinent Information			
Parents are advised that despite the inclusion of noise commovements may continue to be of concern, occasionally in		•	_

# **Newton's Grove School Enrollment Agreement**

## **Academic Year**

<b>General Supervision</b> – The school has any form of guidance or supervision upon	no facilities for, nor can it undertake to provide on any student outside school activities.
<b>Tuition Fees</b> – All tuition fees are non-child's position for the full academic ye	refundable, as their purpose is to confirm your ar.
	at to dismiss or suspend any student whose isfactory by the school's administration. If a will be no rebate of fees.
School. I/We understand that the tuition	o the terms of the enrollment for Newton's Grove in fees are non-refundable and agree that my/our fee is unconditional regardless of absence, transfer
Student's Name	Date
Mother's Name	Mother's Signature
Father's Name	Father's Signature
Guardian's Name	Guardian's Signature