TOWN CENTRE PRIVATE SCHOOLS®

Montessori Pre-School • Elementary • High School

International Baccalaureate® World School

HIGH SCHOOL
NEW STUDENT ENROLMENT FORM

Make sure that you provide the following:

- **Student Information**
  - Home Address
  - Phone Numbers
  - Custody Information
  - Email Addresses
  - Emergency Contact Information Including Phone Numbers and Emails
- **Medical Information**
  - Including Allergies, Conditions
  - Doctor Name and Phone Number
  - Health Card
- **Signature of Terms of Contract and Waivers**
  - Terms of Contract
  - Consent of Parents(s)/Guardian(s)
  - Permission to go on Outings
  - Promotional Waiver
  - Departure from School During Non-Instructional Time Wavier
  - Consent to Participate in Sports
- Completed application and $200 registration fee
- Student Activity Fee due at registration
- Signed Code of Conduct (found at beginning of the High School Handbook)
- Completed Confidential Student Assessment Form
- Proof of Canadian or Landed Immigrant Status
- Academic Reports or Transcripts for the Past 2 Years & OSR Transfer Request (if applicable)
- Payment (Visa, Master Card, Debit or Cheque)
- International Students Must Include
  - Proof of Health Insurance (by first day attended)
  - Copy of Passport and Student Visa (if obtained)
  - Notarized Custodial Declaration (for students under the age of 18)
- Please save this form with the student's first and last name as the file name.
- Please use the **"Tab"** key to navigate fields.
- If there are fields that do not apply, please type "n/a". For phones numbers that do not apply, please enter a number that does apply even if you used it for another field.
- Complete the form, save it and use the **"SUBMIT"** key or email to: **hsreg@tcphs.com**

July 2020

TOWN CENTRE PRIVATE SCHOOLS®

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HIGH SCHOOL ENROLMENT FORM
STUDENT INFORMATION

Start Date:
DD MM YY

◯ TCPS® Student ◯ New Student

Program Applying for:
- ☐ Grade 9 IB Middle Years Program
- ☐ Grade 10 IB Middle Years Program
- ☐ Grade 11 IB Diploma Program
- ☐ Grade 12 IB Diploma Program
- ☐ Grade 9 ESL Program
- ☐ Grade 10 ESL Program
- ☐ Grade 11 Ontario Curriculum
- ☐ Grade 12 Ontario Curriculum

Student's Name:

Surname First Name Middle Name (Name Used)

Date of Birth (DD/MM/YYYY) Age: ◯ Male ◯ Female

Address: Unit #: City:

Postal Code: Home Telephone #:

Citizenship (Proof of Citizenship Required) ◯ Canadian ◯ Landed Immigrant ◯ Visa Student ◯ Visitor

FAMILY INFORMATION

For purposes for school communication, emails, and inquiries—please indicate primary email address(es) (maximum

Mother's Email: **Father's Email:**

Does the student live with: ◯ Parent(s) ◯ Guardian(s)?

Parents' Marital Status: ◯ Married ◯ Divorced ◯ Separated ◯ Single ◯ Widowed

If divorced or separated, who is the custodial parent? Mother ◯ Father ◯ Both (Joint Custody) ◯
If joint custody has not been awarded, the School requires a copy of the Court Order granting custody.

Mother's Information		**Telephone Numbers**
Last Name:	First Name:	Home:
Occupation:		Work:
Place of Employment:		Cell:
Employer's Address:		

Father's Information		**Telephone Numbers**
Last Name:	First Name:	Home:
Occupation:		Work:
Place of Employment:		Cell:
Employer's Address:		

Guardian's Information (if applicable) *International Students under the age of 18 must provide Legal Proof of Guardianship and MUST live with their Guardian.*		**Telephone Numbers**
Last Name:	First Name:	Home:
Occupation:		Work:
Place of Employment:		Cell:
Employer's Address:		
Home Address:	City:	Postal Code:

Names, ages, and dates of attendance of any brothers or sisters who are attending or have attended the School:

STUDENT MEDICAL INFORMATION

Student's Name: Date of Birth (DD/MM/YY)

Ontario Health Card # (include letters): | | | | | | | | | | | | **Expiry Date (YYYY/MM/DD):**

Other Insurance (Company and Policy #):

Student's Doctor: Doctor's Telephone #:

Dietary Restrictions: List all foods the student should not eat for religious / dietary reasons.

Has the student been tested for allergies? **YES** ◯ **NO** ◯

Has the student been diagnosed with allergies? If yes, please describe: **YES** ◯ **NO** ◯

PLEASE NOTE THAT TCPS IS NOT AN ALLERGEN FREE ENVIRONMENT

Does the student require an EPI-PEN? **YES** ◯ **NO** ◯

(It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated EPI-PENS at school.)

If **yes,** you will be required to complete the "Administration of Prescription Medication for Anaphylaxis" form once the student is in attendance. (Please provide a medical note from the student's doctor describing the nature of the allergy.)

Has the student been diagnosed with asthma? **YES** ◯ **NO** ◯

Does the student require an inhaler for asthma? **YES** ◯ **NO** ◯

(It is the responsibility of the Parent/Guardian to ensure that the student has a current dated inhaler at school.)

Does the student take any medication regularly? **YES** ◯ **NO** ◯

If yes, then please provide name of medication:

Reason and Dosage:

Please specify any medical, social, or emotional problems the school should be aware of:

EMERGENCY CONTACT AND RELEASE AUTHORIZATION:

The School is authorized to release the student to the individuals listed below. Those individuals can also be contacted in case of emergency should the School not be able to contact the parent(s)/guardian(s)/custodian(s).

Emergency Contact: Last Name: First Name: Relationship:

Home Number: Work Number: Cell Number:

Email Address:

Emergency Contact: Last Name: First Name: Relationship:

Home Number: Work Number: Cell Number:

Email Address:

Emergency Contact: Last Name: First Name: Relationship:

Home Number: Work Number: Cell Number:

Email Address:

Emergency Contact: Last Name: First Name: Relationship:

Home Number: Work Number: Cell Number:

Email Address:

FOR NEW STUDENTS ONLY

HOW DID YOU HEAR ABOUT TOWN CENTRE PRIVATE SCHOOLS?

- ☐ Sibling / Family in School
- ☐ Referral by Friend
- ☐ Former Student
- ☐ Live/Work in Area
- ☐ School Flyer

Websites
- ☐ www.tcmps.com
- ☐ www.tcphs.com
- ☐ Other Site:
- ☐ Signs

Location:

Guides
- ☐ Markham Life Magazine
- ☐ Our Kids Go To School
- ☐ Voice (Markham Board of Trade)

Local Papers
- ☐ Markham Economist & Sun
- ☐ Scarborough Mirror
- ☐ Sing Tao Newspaper
- ☐ Ming Pao Daily Newspaper
- ☐ Durham Parent
- ☐ Sri Lanka Reporter
- ☐ The Weekly Voice
- ☐ Markham Review

Other, please list: _____

ACADEMIC HISTORY

Name of current school:

Address: City: Postal Code:

Telephone: Fax:

Name of last teacher: Name of Principal:

Please list names and addresses of any other previous schools:

1.

2.

3.

Has the student been enrolled in any special program (example: gifted, French immersion, special education? Please describe.

Has the student been through an IPRC review? ◯ Yes ◯ No
If yes, please attached any recommendations

Does the student have any special learning, behavioural or physical difficulties? YES ◯ NO ◯
(We ask this in order to better know and care for your child.)

Please describe:

Has the student ever been suspended or expelled from any school? NO ◯ YES ◯

(If yes, please explain)

☐ The information on this enrolment for is complete and correct.

SCHOOL YEAR AND / OR SUMMER PROGRAM
TERMS OF CONTRACT FOR STUDENTS
GRADE 9 to 12

General Terms

1. The terms of this contract apply for the school year in which the student is enrolled at Town Centre Private Schools (the "School") and the subsequent summer program should the student enrol.
2. Should a student who is enrolled in the school year enrol in the School's summer program held in the months of July and August, immediately following the current school year, then the student information, terms of contract, waivers, and code of conduct will be carried over for the summer program only. Should a student who enrols for the summer program enrol for the subsequent school year, then all the student information, terms of contract, waivers, and code of conduct will pertain to the subsequent school year only.
3. A student will not be accepted into the School unless the new enrolment form has been completed in full and signed. All required tuition and fees as outlined on the current school year's payment schedule, all postdated payments, and OHIP number or proof of health insurance, must accompany the enrolment form. New students must provide a copy of their birth certificate, proof of citizenship status and immunization documentation, as well as, the above referenced requirements. A student is considered accepted into the School only upon a confirmation form being issued by the School.
4. It is the responsibility of parents or guardians to ensure that their child's immunization record is up to date. In the event that the York Region Health Services Department issues an order of suspension, in which your child is suspended, the School is required to comply with such an order. Where the York Region Health Services Department issues such an order, **there will be no refunds whatsoever with respect to fees for a student who has been suspended.** In addition, where there is an order or directive issued by a government authority or agency that results in students not being able to participate in the school program, there will be no refunds whatsoever with respect to fees for such students.
5. **Parents/Guardians hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he/she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.**
6. There is a late pick up charge which is applied at the rate of $1.00 per minute after 6:30 p.m. or at any time that school staff has to remain beyond established hours to care for a student due to a late pick up.
7. The School reserves the right to accept or reject this application and also to expel a student at any time.
8. Students face expulsion from the School for using, possessing or trafficking drugs, alcohol or other controlled substances on the school premises, during school excursions, when returning to the school or when travelling from school to home. Students found trafficking any controlled substance may also face criminal prosecution.
9. The School reserves the right to request that a student undergo physical and/or psychological examinations if such request by the School is deemed to be in the best interest of the student.
10. The School reserves the right to make such rules and regulations in the operation of the School as it deems appropriate and it is a condition of acceptance that these rules and regulations be observed.
11. All secondary courses and classes listed are subject to change and/or cancellation at anytime, and are offered subject to sufficient enrolment.
12. Students who are expelled from the Schools' divisions cannot re-register with the School and cannot register for the summer programs.
13. The School reserves the right to change fees, discounts and / or method of payment at any time.
14. With all methods of payment, the June fee is due at the time of registration or re-enrolment. There are no refunds on the June pre-paid fee for any reason, nor is the June fee deductible from any other fee.
15. All new applicants must pay a one time $200.00 registration fee per family which is not refundable for any reason.
16. An activity fee is required from all new and re-registering applicants and is due upon enrolment. This fee is applied to yearbooks, trips and other activities during the school year. This fee is not applicable to overnight trips. The activity fee is non-refundable for any reason including withdrawal from the School. Should a student enroll at the School during the school year, the activity fee will be prorated accordingly.
17. **There are no refunds for mid-month withdrawals, and no refunds for holidays, sick days, or days missed for any reason, throughout the school year.**
18. All postdated payments will be processed the first of each month without exception. No payments will be held over until a future date for any reason whatsoever. A $25.00 late fee will automatically be charged for any monthly payments received after the first of any month.

19. The student's full name and grade must be written on the back of each and every cheque.
20. A charge of $50.00 will be levied against all declined credit card payments, N.S.F. cheques or cheques returned for any reason.
21. Should fees remain outstanding five (5) days after the due date, i.e. the first day of the month, the School reserves the right to suspend or expel a student immediately and take whatever action it deems necessary to collect such over due accounts.
22. Withdrawal Procedure: Written notice of a student's withdrawal from the School must be received one (1) month prior to the intended date of withdrawal. There will be no refund or transfer of the registration fee, activity fee and/or the June prepaid fee; however, the balance of the fees will be refunded from either (i) one (1) month after written notice of a student's withdrawal from the School has been received; or (ii) the date of the student's withdrawal, whichever is later, to the end of the school year (calculated on the basis of the number of full months remaining in the school year).
23. International Students Application and Withdrawal Procedure: International students who are successfully admitted must choose either Option A (one (1) yearly payment) or Option B (two (2) instalments) for their fee payment (see "Method of Payment" below). Option C (monthly instalments) is not available for international students.

    There will be no refund of the tuition fee when:

    - A Letter of Acceptance has been issued, if the student withdraws for any reason;
    - If the student is found in violation of School regulations and asked to withdraw from the School;
    - If the student changes immigration status during the school year;

    Note: A full tuition fee refund, less one month's tuition, will only be issued if Citizenship and Immigration Canada does not issue the Study Permit. To obtain a refund, the student must provide: a) The **original** Letter of Rejection from Citizenship and Immigration Canada. B) The **original** letter of Acceptance issued from the School. c) a written refund request by the parent.
24. Method of Payment for **Domestic** Students:

    Option A. One (1) payment per year, due at registration, with a 2% discount.

    Option B. **International Students Only)** Two (2) equal payments per year, one due at registration and one postdated to October 1st, with a 1% discount.

    Option C. Ten (10) equal monthly payments per year, one June deposit payment due at registration and 9 postdated payments due at the first of each month, September 1st through to May 1st. The total number of payments will be pro-rated for students who register after the start of the school year.

    Payment may be made by cheque, debit or credit card. All postdated cheques or credit card authorizations must be received at registration.

4% DISCOUNTS ARE OFFERED FOR EACH ADDITIONAL CHILD OF THE SAME FAMILY. THE ADDITIONAL CHILD (CHILDREN) MUST BE OF THE SAME PARENTS. THE DISCOUNT WILL BE APPLIED TO THE LESSER OF THE STUDENT FEES PAID. MULTIPLE DISCOUNTS ARE NOT OFFERED UNDER ANY CIRCUMSTANCES.

JUNE'S FEES ARE NOT REFUNDABLE OR DEDUCTIBLE.

☐ **I have read and understood the terms of contract, the methods of payment, the withdrawal procedures, and the policies of the School as outlined in the *Student and Parent Handbook* and *Student Code of Conduct* and I hereby agree to all the terms and conditions stated therein.**

OFFICE USE ONLY

_____

Signature of Principal, Vice-Principal, Administrator:

STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN WAIVERS.

Consent of Parent(s)/Guardian(s)

I / We hereby warrant and acknowledge, that the above information for

is complete and accurate to the best of my/our knowledge. I/We also agree to provide to the School, in a timely manner, any changes regarding my/our child's information.

I/We understand and agree that, in the event of a medical emergency, a medical practitioner and/or a teacher, Principal or other Town Centre Private Schools' (the "School") employee can authorize emergency medical care for the above named student. In the case of a medical emergency, I/We authorize the School to provide any medical personnel with the basic health information contained in the enrolment form.

I/We authorize the School to provide the above named student with routine first aid, including parental/guardian authorized medication including, but not limited to, the administration of an epi-pen and/or asthma inhaler, and in the event of an emergency, to provide, administer, obtain and/or authorize the necessary medical treatment until such time as I/We can be reached to authorize such further care. It is understood that in the event of a serious medical problem or emergency, every effort will be made to contact the parent(s)/guardian/custodian(s). It is understood that this consent shall remain in effect for the current school year and the Summer Camp program should my child enrol in that program.

I/We, hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he/she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.

☐ I/We also agree to release and indemnify the School, its Director, Officers, Agents and Employees from any and all claims for damages arising from any illness, injury, or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

Permission to go on Outings

☐ I/We give permission for the above named student to participate and travel to and from, all sports related activities and in or out of school events during the school year.

STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN WAIVERS.

Promotional Waiver

During the school year and or Summer Camp program, numerous photographs are taken to document daily classroom activities, trips, events and special activities. Some of these photographs are used for internal purposes, such as bulletin boards displays, yearbooks and newsletters.

By enrolling my child in the School and permitting them to participate in school activities and events, I acknowledge that the School may use the photographs taken of my child for internal school purposes, promotional, advertising and public relations purposes.

Town Centre Private Schools reserves the right to use my child's name, photograph and or videos containing my child's image for promotional, advertising and or public relations purposes. Such use of name or photographs may be included in the Town Centre Private Schools' brochures, posters, Web site and newspaper, magazine and television advertisements. Town Centre Private Schools will incur the full costs of such photography or videotaping.

I acknowledge and confirm that all photographs, advertisements, Web site materials and related records and documents used in, arising out of or related to Town Centre Private Schools' promotional, advertising and or public relations activities shall remain the exclusive property of Town Centre Private Schools who shall own all copyright.

I also waive any and all rights to any personality rights of my child to Town Centre Private Schools for use on the Town Centre Private Schools' Web site or in other promotional, advertising or public relations materials.

◯ I have read and understood the above and in checking the box to the left indicates my agreement to the above waiver.

◯ I have read and understood the above and in checking the box to the left indicates my agreement to the above waiver except for the use of my child's image for promotional material.

Departure from School During Non-Instructional Time Waiver

☐ I/We acknowledge that Town Centre Private Schools ("TCPS") is not responsible for the actions of or harm to students when they are not on school property. I/We release TCPS™ and its respective directors, officers, agents, employees, students, volunteers and their successors and assigns (collectively referred to as ("TCPS")), from any and all liability for damages sustained in consequence of loss, injury or damage to the person or property of the student referred to above, and from all other actions, causes of action, claims or damages of any kind with respect to death, injury, loss or damage to the person or property of the student (the "Claims"), occurring while the above named student is off school property during non-instructional time, which includes, but is not limited to: before school, lunch, spares, or after school.

STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN WAIVERS.

Consent to Participate in Sports

I, being the parent or legal

guardian of _____, formally give my permission to participate in TCPS sports activities including, but not limited to, intramurals, varsity teams, competitions, or recreational activities before, during and/or after school hours during the school year at or off Town Centre Private Schools' property.

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports activities. These types of injuries may be minor or serious and may result from one's own action or actions or inactions of others, or a combination of the above.

I hereby release, hold harmless and forever discharge the Town Centre Private Schools and any of their respective officers, employees, coaches or agents, from any and all actions, causes of action, claims, and demands for damages, indemnity, costs, interest, loss or injury or every nature and kind whatsoever and howsoever which I have had, may now have or may hereafter have, in any way arising from my child's participation in sports activities.

☐ I declare having read and understood the above consent agreement in its entirety and hereby consent to participate, acknowledge and agree to all the foregoing.

FOR OFFICE USE ONLY

INTERVIEWER: _____ DATE OF INTERVIEW: _____

NAME OF STUDENT: _____ AGE:_____

APPLYING FOR: PRE-SCHOOL ❑ CLASS PLACEMENT_____
ELEMENTARY ❑
HIGH SCHOOL ❑ TEACHER: _____

AP STREAM: ❑ Regular ❑ Arts ❑ MTB ❑ Math/Science

CHECK LIST:

Method of Payment
Cash ❑
Cheque (s) ❑
Credit Card ❑
Debit Card ❑

Required Signatures
Waiver Page ❑
Contract ❑
# of Cheques _____ ❑
OSR Transfer Request ❑

Student Documentation Requirements:
Birth Certificate ❑
Immunization ❑
Health Card/Other Insurance ❑
Landed Immigrant Papers ❑
Study Permit ❑
Custodian Declaration (2 pages) ❑

PAYMENT DETAILS:

Registration Fee ❑	Activity Fee ❑	Monthly ❑	Annually (Paid in Full) ❑

Details

Payment(s)

Outstanding Payment Details

(NEW STUDENTS ONLY)

CONSENT FOR TRANSFER OF SCHOOL RECORDS

In accordance with the Ontario Student Record (OSR) Guideline published by the Ministry of Education and the provisions of the Municipal Freedom of Information and Protection of Privacy Act, **TOWN CENTRE PRIVATE SCHOOLS** requires consent from the parent or guardian to request student records.

I hereby consent to the transfer of student records and evaluations for:

Student's Surname **Student's First Name**

From:

NAME OF CURRENT SCHOOL:

ADDRESS OF CURRENT SCHOOL:

TELEPHONE NUMBER:

EMAIL ADDRESS:

FAX NUMBER:

Parent's or Guardian's Signature: _____

Date: _____

Student's Name: Date of Birth:

Please indicate which credit card will be used: ◯ **Visa** ◯ **Master Card**

Name on Card:

Contact Number:

Choose one of the following options:

◯ **Option A: Single Payment**
I hereby authorize Town Centre Montessori Private Schools to use the credit card information I will provide to process a one-time payment for my child's tuition.

◯ **Option B: Monthly Payments**
I hereby authorize Town Centre Montessori Private Schools to use the credit card I will provide to process monthly payments for my child's tuition. One current payment for the June pre-paid tuition and SAF fees will be made now and future charges to my account to my account will be processed on the first of the month starting September 1, 2020 and ending May 1, 2021.

◯ **Option C: Alternate Payment**
I do not wish to pay by credit card and will contact the School at the Man Campus telephone number below to make alternate arrangements.

NOTES:

OFFICE USE ONLY:
Do not complete the information below.
The School will contact you directly for the required information.

Card Number: _____ Expiry: _____

CCV: _____

Pre-authorized payment through the chosen credit card will be the monthly payment option. All credit card information will be processed in a secure and confidential manner and in accordance with the School's privacy policy.

Step 1: SAVE **Step 2: SUBMIT**

If the "**SUBMIT**" button does not open your email, please email the saved file to: **hsreg@tcphs.com**

Main Campus (Grades 2 to 12)
155 Clayton Drive, Markham, Ontario L3R 7P3
T: (905) 470-1200 F: (905) 470-0184

Amarillo Campus (Pre-School to Grade 1)
76 Amarillo Avenue, Markham, Ontario L3R 0V3
T: (905) 474-3434 F:(905)474-3113

Milliken Campus ESL High School
3 Clayton Drive, Markham, Ontario L3R 8N3
T: (905) 470-8178 F: (905) 470-0570

TCMPS.COM