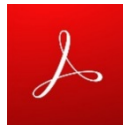


To complete the following registration forms please follow the instructions below:

1. Please download and install Adobe Acrobat on your computer. Download for Windows and Mac:



2. Download the Enrollment Form PDF to your desktop or phone. Open the form using Adobe Reader and then save it as a new document as your child's first and last name.

3. Complete all fields in the registration form, **SAVE** the completed forms. Please email your completed form to:

elemreg@tcmps.com



TOWN CENTRE PRIVATE SCHOOLS®



**IB World
School**

ELEMENTARY ENROLMENT FORM

The following forms must be completed and require information regarding:

Student Information

- Home Address, Phone Numbers, Custody Information, Email Addresses
- Emergency Contacts Information Including Phone Numbers and Email
- Proof of or Change of Citizenship Including 1 of the Following: Birth Certificate, Passport, Citizenship Card, Permanent Resident Card or Landing Papers **

Medical Information

- Including Allergies, Conditions
- Doctor Name, Address and Phone Numbers
- Health Card or Health Insurance Information**

Terms of Contract and Waivers

Please carefully read, and sign the following

- Terms of Contract
- Consent of Parents/Guardians
- Permission to Go on Outings
- Promotional Waiver
- Consent to Participate in Sports

Last 2 Years of Report Cards (New Students Only) **

OSR Transfer Request (New Students Only)

Payment (Visa, MasterCard, Debit or Cheque)

- Annually
- Monthly (All postdated payments are due at registration)

New Student Registration Fee (Non-Refundable)

Activity Fee (Non-Refundable)

****Copies must be submitted with Enrolment Form**



TOWN CENTRE PRIVATE SCHOOLS®



IB World School

ELEMENTARY SCHOOL YEAR AND / OR SUMMER CAMP ENROLMENT FORM STUDENT INFORMATION

Grade Enrolling For: TCPS® Student New Student Start Date : _____

Program Enrolling for: School Year School Year & Summer Camp _____
(DD/ MM / YYYY)

Campus Enrolling at: Amarillo (Grade 1) Main Campus (Grades 2 to 8)

Student's Name: _____

Surname _____ First Name _____ Middle Name _____ (Name Used) _____

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

Address: _____ Suite/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 2)

Mother's Email: _____ Father's Email: _____

MOTHER'S INFORMATION

Last Name: _____ Legal First Name: _____ Name Used: _____

Telephone Numbers Home: _____ Work: _____ Cell: _____

Occupation: _____ Place of Employment: _____

Employer's Address: _____

FATHER'S INFORMATION

Last Name: _____ Legal First Name: _____ Name Used: _____

Telephone Numbers Home: _____ Work: _____ Cell: _____

Occupation: _____ Place of Employment: _____

Employer's Address: _____

CUSTODIAN INFORMATION

Last Name: _____ Legal First Name: _____ Name Used: _____

Telephone Numbers Home: _____ Work: _____ Cell: _____

Occupation: _____ Place of Employment: _____

Employer's Address: _____

Home Address: _____ City: _____ Postal Code: _____

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

International Students must provide Legal Proof of Guardianship and MUST live with their Guardian.

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.

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

Name of previous teacher or class at TCPS: _____



STUDENT MEDICAL INFORMATION

Student's Name:

Surname	First Name	Date of Birth (DD/MM/YYYY)
Ontario Health Card # (include letters): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Expiry Date (DD/MM/YYYY):

Other Insurance: List the Company and Policy Number

Student's Doctor: Doctor's Telephone #:

Dietary Restrictions: List all foods the student should not eat for religious or 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 at the School. 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) or guardian(s).

Surname:		First Name:	
Relationship to Student:		Email Address:	
Telephone Numbers	Home:	Work:	Cell:

Surname:		First Name:	
Relationship to Student:		Email Address:	
Telephone Numbers	Home:	Work:	Cell:

Surname:		First Name:	
Relationship to Student:		Email Address:	
Telephone Numbers	Home:	Work:	Cell:



FOR NEW STUDENTS ONLY

ACADEMIC HISTORY

Name of current school:

Address: City: Postal Code:

Telephone: School Email Fax:

Name of Last Teacher: Name of Principal

Please list names and addresses of any other previous schools (3 maximum):

1.

2.

3.

Has the student been enrolled in any special program, example: gifted, French immersion, special education? Please describe and provide dates:

Has the student ever been on an IEP (Individual Education Plan) YES NO

Has the student been through an IPRC (Identification, Placement, and Review Committee) review? YES NO
If yes, please attach any recommendations.

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

Please describe:

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

If yes, please explain

PLEASE SIGN BELOW TO CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

Parent's or Guardian's Signature: _____

Date:

HOW DID YOU HEAR ABOUT TOWN CENTRE PRIVATE SCHOOLS?

SOCIAL MEDIA

Facebook.....

Instagram.....

X.....

YouTube.....

LinkedIn.....

SIGNS

Digital Bridge Sign.....

Community Centre Sign/Video.....

REFERRALS

Siblings Attends TCPS.....

Referred by Friend or Family.....

Returning Student.....

Live or Work in the Area.....

Our Kids Go to School Magazine.....

WEBSITES

tcmps.com.....

ourkids.net.....

yorkregion.com.....

toronto.com.....

Other, please indicate:



TOWN CENTRE PRIVATE SCHOOLS®



**IB World
School**

SCHOOL YEAR AND / OR SUMMER CAMP TERMS OF CONTRACT FOR STUDENTS GRADES 1 to 8

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 Camp program should the student enrol.
2. Should a student who is enrolled in the school year enrol in the Summer Camp 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 Summer Camp only. Should a student who enrolls for the Summer Camp 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 in the current school year's payment schedule including the prepaid tuition for June, all postdated payments, and Ontario Health Card 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 and 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 or 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 TCPS 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 excursions, when returning to 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. **Operations**
 - a) School reserves the right to make such rules and regulations for its operation as deemed appropriate and it is a condition of acceptance that these rules and regulations be observed.
 - b) **Remote Learning:** Parents and Guardians hereby acknowledge and agree that the School reserves the right to use synchronous ("**Real-Time**") and asynchronous online learning ("**Remote Learning**"), temporarily or indefinitely as part of the whole class instruction, in smaller groups of students, and/or in a one-on-one context for the school year. Students who are participating in Remote Learning are still obligated to adhere to all School rules including the Code of Conduct.
 - c) **Cancellation of In-Person Activities and Programs:** Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend and/or all in-person activities and programs, and the School further reserves the right to change its educational delivery model throughout the school year pursuant to guidance and directives from the Ministry of Health or the local Public Health Unit. The School shall continue to provide Remote Learning, subject to Section 10 (d) Force Majeure). Parents and Guardians further acknowledge and agree! notwithstanding that they are signing this Contract during the COVID-19 crisis, all parties under this Contract will! continue to comply with the terms of this Contract. For greater clarity, in the event that the School is required to close its! physical locations and facilities and/or students are prohibited from returning to the campus of the School during the school year pursuant to the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 S.O. 2020, c. 17* and its regulations; or pursuant to an order made by the Government of Ontario declaring an emergency under section 7.0.1(1)! of the *Emergency Management and Civil Protection Act, RSO 1990, c E9; or pursuant to COVID-19 outbreak measures!* Parents/Guardians will continue to comply with their obligations under this Contract including their obligations to pay fees! pursuant to Section 2.



- d) **Force Majeure:** Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend the obligations under this Contract for a period of time that a condition of Force Majeure exists. “**Force Majeure**” means an act of God, strike, lock-out, act of public enemy, war, blockade, pandemic, and civil disturbance, or other causes beyond reasonable control of the School, such as to make Remote Learning impossible or impracticable as determined solely by the School. The School shall immediately notify Parents/Guardians of any suspension due to a Force Majeure event. The Parents/Guardians and the School agree to use their best efforts to eliminate the effects of the Force Majeure event and to resume performance of the Contract as soon as possible after the Force Majeure event ceases. The School is not liable for any costs incurred by the Parents/Guardians due to delays or non-performance of obligations pursuant to this Section 10(d).
11. Students who are expelled from any of the Schools’ Divisions cannot re-register with the School and cannot register for! the Summer Camp programs.
 12. The School reserves the right to change fees, discounts and / or method of payment at any time.
 13. 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.
 14. All new applicants must pay a one time \$300.00 registration fee per family which is not refundable for any reason.
 15. 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 does not include overnight trips. The activity fee is! non-refundable for any reason including withdrawal from the School. Should a student enrol at the School during the! school year, the activity fee will be prorated accordingly.
 16. **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.**
 17. All 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 \$50.00 late fee will automatically be charged for any monthly payments received after! the first of any month.
 18. The student’s full name, grade, and the name of the Campus he or she will be attending must be written on the back of! each and every cheque.
 19. A charge of \$50.00 will be levied against all declined credit card payments, N.S.F. cheques or any payment returned for! any reason whatsoever.
 20. 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 overdue! accounts.
 21. **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, the 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).
 22. **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.



23. Summer Camp Programs

- (a) The Summer Camp programs are held during the months of July and August. Specific dates for the programs are contained on the Summer Camp Registration Forms. The School observes the Canada Day holiday in July and the Civic Holiday in August and therefore there will be no programs on those days.
- (b) The Summer Camp program fees are due upon registration. **These fees are non-transferable or non-refundable for any program.** Once paid, there will be no refund of Summer Camp fees whatsoever, including but not limited to a student’s withdrawal from the programs for any reason. All Summer Camp program classes offered are subject to change and or cancellation at any time, and are offered subject to sufficient enrolment, as determined by the School. Should the School decide to cancel a program due to low enrolment, all fees paid to date shall be fully refunded without interest or penalty.

24. Miscellaneous Contractual Terms

- a) **Non-Waiver:** Neither the failure nor any delay on the part of the School to exercise any right, remedy, power or privilege under this Contract shall operate as a waiver thereof, nor shall any single or partial exercise of any right, remedy, power or privilege preclude any other or further exercise of as the same or any other right, remedy, power or privilege, nor shall any waiver of any right, remedy, power or privilege with respect to any occurrence be construed as a waiver of such right, remedy, power or privilege with respect to any other occurrence. No waiver shall be effective unless it is in writing and is signed by the party asserted to have granted such waiver.
- b) **Amendment:** No amendment, supplement, restatement or termination of any term of this Contract, save and except for the amendments to policies, guidelines, rules and schedules of the School, shall be binding upon the parties unless it is in writing and signed by the parties.
- c) **Severability:** In the event that any part of any provision of this Contract may prove to be illegal or unenforceable the other provisions of this Contract and the remainder of the provision in question shall continue in full force and effect.
- d) **Governing Law and Jurisdiction:** This Contract shall be interpreted and governed by the laws of the Province of Ontario. The parties attorn to the exclusive jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom.

25. Method of Payment:

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 TUITION OF THE STUDENT FEES PAID. MULTIPLE DISCOUNTS ARE NOT OFFERED UNDER ANY CIRCUMSTANCES.

JUNE’S FEES ARE NOT REFUNDABLE, TRANSFERABLE OR DEDUCTIBLE.

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

Parent’s Full Name

Parent’s or Guardian’s Signature (Please type)

Date_____

Signature of Principal, Vice-Principal, Administrator



CONSENT OF PARENT(S)/GUARDIAN(S)

I / We hereby warrant and acknowledge that the 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(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.

Parent's or Guardian's Signature _____ **Date (DD/MM/YYYY)** _____

Parent's or Guardian's Printed Name _____

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.

Parent or Guardian's Signature _____ **Date (DD/MM/YYYY)** _____

Parent's or Guardian's Printed Name _____



TOWN CENTRE PRIVATE SCHOOLS®



IB World School

WAIVER AND CONSENT

Student's Full Name: _____ (the "Student")

During the school year and / or summer camp program, Town Centre Private Schools (the "School") may capture, take, record various photographs, images, recordings of the Student which may include the Student's image, voice, likeness, and name (the "Recordings") to document daily classroom activities, trips, performances, events, and special activities.

I consent that the Recordings may be used for internal school purposes, such as bulletin board displays, yearbooks, school bulletins and in the parent application. The School may also use such Recordings online, including, but not limited to the School's website, e-newsletters, social media platforms such as Facebook, Instagram, Twitter, YouTube, and LinkedIn, as well as for external promotional, advertising and / or public relations purposes which can include but are not limited to brochures, posters, signs, television and print advertisements (the "Materials").

The Student hereby acknowledges and consent that the School uses, reproduces, communicates, distributes the Recordings (which includes the Student's name, image, voice, and likeness) for the various purposes listed herein. The consent and authorization herein are granted irrevocably, free of charge and in perpetuity, without any limitation as to time or territory.

I acknowledge and confirm that the School will be the sole and exclusive owner of all right, title and interest in and to the Recordings and Materials, including all copyright and other intellectual property rights therein. To this end, I agree to assign and hereby assign to the School any and all right, title and interest I have or may have in and to the Recordings and Materials. Further, I hereby irrevocably waive any and all moral rights I have or may have in such Recordings and Materials.

I hereby forever release and discharge the School from all claims that may arise out of or in connection with the use and/or distribution of such Recordings and Materials, notably in connection with applicable legislation such as privacy laws.

Parents / Guardians are required to sign this waiver as all students may be photographed throughout the school year for internal use. However, should parents / guardians wish their child to be excluded from advertising and social media use, they may come to the school office and complete a form to confirm that exclusion.

Parents /Guardian Name

Date

Printed Name



TOWN CENTRE PRIVATE SCHOOLS®



IB World School

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.

For students who will be participating in the Small Schools Athletic Federation ("SSAF") sports program, parents and guardians must be aware that Town Centre varsity athletic teams are members of a competitive league and the events are oriented towards developing student athletes and also aimed at achieving championship banners. Coaches will continue to strive towards consistent fair playing time for all athletes; however, due to the nature of SSAF competition this will not always be possible and will be left to the coaches discretion.

I understand that all members of the team will be required to attend all practices and tournaments. Failure to be present at all practices and games may result in their dismissal from the team. Students will be travelling by bus, on occasion, to tournaments and as a result, they may be leaving school as early as 7:00 a.m. and arriving back at school by approximately 6:30 p.m. Students will be responsible for completing any homework and or any missed work from their class teacher due to game participation.

I understand that the team uniform is mandatory. I understand that failure to make payment for the participation fees by the deadline may result in the student being suspended from the team. Payment deadlines are indicated on the team memo.

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 warrant that the student is physically fit to participate in the above activity and understand that the choice to participate brings with it the assumption of those risks and results which are part of the activity.

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.

Parent's or Guardian's Signature

Date _____

Printed Name



TOWN CENTRE PRIVATE SCHOOLS®



**IB World
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PARENTAL CONSENT FOR TRANSFER OF SCHOOL RECORDS

In accordance with the Ontario Student Record (OSR) Guidelines 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. Please sign below.

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

Surname **First Name** **Date of Birth (DD/MM/YYYY)** **Grade Enrolling In**

to be transferred to: TOWN CENTRE PRIVATE SCHOOLS

From (Name of School:) _____

Address of Current School: _____

Telephone Number: _____ **Fax Number:** _____

School Email Address: _____

Parent's or Guardian's Printed Name

Parent's or Guardian's Signature

Date (DD/MM/YYYY) _____

ONTARIO STUDENT RECORD REQUEST FORM

Dear Sir or Madam:

Please forward the O.S.R. and helpful medical information for the above referenced student:
The O.S.R. is to be sent to the following address:

**Town Centre Private Schools
155 Clayton Drive Markham, Ontario L3R 7P3**

We hereby agree to accept responsibility for the record and to use, maintain, transfer and dispose of the record in accordance with the guidelines for the Ontario Student Record System.

Registrar Office



TOWN CENTRE PRIVATE SCHOOLS®



IB World School

CREDIT CARD PAYMENT AUTHORIZATION FORM

Student's Surname: _____ First Name _____

DD/MM/YYYY _____

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

Choose one of the following options:

Option A: Single Payment:

I hereby authorize Town Centre Montessori Private Schools to use the credit card information below to process a one-time payment in the amount of \$ _____ for my child's tuition and/or other payment related to their academic programming.

Option B: Monthly Payments

I hereby authorize Town Centre Montessori Private Schools to use the credit card information below to process:

_____ current payment in the amount of \$ _____ and/or;

_____ monthly payments in the amount of \$ _____;

for my child's tuition or other payment related to their academic programming. Charges to my account will be

processed on the first of the month starting _____ and ending _____

Card Number: _____ Expiry: _____

Name on Card: _____ CVV# _____

Signature: _____

Date: _____

Printed Name: _____

Card Holder Telephone Number: _____

Card Holder Email Address: _____

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

An additional payment of \$50 will be applied to declined pre-authorized credit card payments as set out in the School's Terms of Contract.



TOWN CENTRE PRIVATE SCHOOLS®



IB World School

FOR OFFICE USE ONLY

INTERVIEWER: _____ DATE OF INTERVIEW: _____

NAME OF STUDENT: _____ AGE: _____

APPLYING FOR:

ELEMENTARY
HIGH SCHOOL

CLASS PLACEMENT _____
TEACHER _____

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/ Visitor Visa
- Custodian Declaration (2 pages)

PAYMENT DETAILS:

Registration Fee <input type="checkbox"/>	Activity Fee <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually (Paid in Full) <input type="checkbox"/>
---	---------------------------------------	----------------------------------	--

Details

Payment(s)

Outstanding Payment Details
