



# Traditional Learning Academy

*Quality Education in the Finest Catholic Tradition*

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## APPLICATION FOR ADMISSION – INTERNATIONAL

### A APPLICANT:

Surname: (Legal) \_\_\_\_\_ (Usual, if different) \_\_\_\_\_

Given names: (Legal) \_\_\_\_\_ (Usual, if different) \_\_\_\_\_

Canadian Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Male [ ] Female [ ] To be enrolled in grade \_\_\_\_, beginning \_\_\_\_\_. Anticipated Length of Stay: \_\_\_\_\_

Student Visa Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Religion: \_\_\_\_\_ (See Section G) Birth date: \_\_\_\_\_  
(YY-MM-DD)

### B FAMILY:

Parent Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

*Please Note: In cases where the parents of a student are estranged, the normal access of student information will be extended to the parent who has completed this Application for Admission. Access to student information by the non-applying parent will be extended in accordance with the attached copies of any Separation Agreements or Court Orders. In cases where the parents of a current student become estranged, it is the responsibility of those parents to submit a "Change of Family Status Form" to the school, with accompanying legal documentation.*

### GUARDIAN/HOME STAY (if student does not live with his or her parents):

Guardian's Names \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### OTHER Contact

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Office Use Only All original documents will be returned.

- |   |   |
|---|---|
| <input type="checkbox"/> Application fee of \$100.00  | <input type="checkbox"/> Student Visa/Study Permit/Visitor Visa (For students staying 6 months or more) |
| <input type="checkbox"/> Birth Certificate/Passport/Citizenship Docs                                  | <input type="checkbox"/> Agreements Signed  |
| <input type="checkbox"/> Immunization Forms   | <input type="checkbox"/> Medical Insurance Information  |
| <input type="checkbox"/> Applicant's Most Recent Report Card (Translated into English, if applicable) |   |

Date Received: \_\_\_\_\_

Referred by: \_\_\_\_\_

Accepted: \_\_\_\_\_

Declined: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**C EDUCATION HISTORY**

**Education Obtained:** 1. At Home – Grades: \_\_\_\_\_, and/or: 2. At School – List below:

Name of School	Address	Telephone Number	Grade(s)

**Language Used:** Applicant is fluent in English --  Yes  No

If no, please indicate first language, language used at home and indicate level of ability in English. Please read and complete Section E.

**Special Conditions:** Please indicate if the applicant has any behavioural and/or learning difficulties which have been previously experienced and/or diagnosed and indicate if there have been any formal evaluations or assessments done: [If yes, please read and complete Section F.]

None, or: \_\_\_\_\_

**D HEALTH/EMERGENCY INFORMATION** Medical (CARE) Number: \_\_\_\_\_

Are there any health conditions that we should know about? (Allergies, Medications, Physical Limitations, etc. )

No  Yes (Please explain): \_\_\_\_\_

*NB: The responsibility lies with the parent to advise the school in writing if any change occurs in the medical or physical condition of the student.*

**EMERGENCY CONTACTS:**

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of emergency:** Should neither parent nor guardian be available, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If we cannot reach you or your alternate contact, and your family doctor is not available, please sign here to give permission to the physician selected by the school to provide necessary treatment for your child.

It is understood that the teacher and/or the school are not responsible for medical care costs.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

## E English as a Second Language Agreement

Traditional Learning Academy provides instruction in English, and we are not able to provide for students who have no working knowledge of the language. Normally, applications for such students will be declined, however, if it is evident that a student would function well in our setting, perhaps with extra tutoring in English arranged by the family, we may accept him/her on a conditional basis for a probationary period of three months, or one school term. At the end of that probation the student's progress will be assessed, and a decision will be made regarding his or her placement at TLA. This decision will be based on whether or not the student is making worthwhile gains within a reasonable level of accommodation on the part of the school to provide for his or her needs. Students with a basic knowledge of English will be considered on an individual basis.

My child is fluent in English: Yes  No  –or– My child has a working knowledge of English. Yes  No

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

*If "No" is ticked, it is understood that the student is eligible only for conditional acceptance.*

## F Special Needs /Behavioural Agreement

Traditional Learning Academy is not staffed to provide for the individual needs of international students who have experienced or have been diagnosed with learning and/or behavioural disorders. Normally, applications for these students will be declined, based on our belief that they should be placed where their needs can be most effectively met. However, we may accept these students on a conditional basis. Such students will be given up to three months in our regular program to determine if there is a mutual advantage to making the placement permanent. On or before the end of the conditional placement, a meeting will be arranged to review the status of the student. The decision will be based on student achievement and practical considerations affecting the normal running of the classroom. Parents of the student agree to cover the costs over and above the regular international tuition, which are seen to be necessary for the student's progress. Should it be determined that a student has significant learning disabilities once they have started at the school, their acceptance at the school will be reassessed.

If the applicant has been suspended from a previous school for whatever reason, this must be disclosed.

My child has been diagnosed with or exhibits learning or behavioural disorders : Yes  No

My child has been suspended or expelled from a previous school: Yes  No  If yes, please explain on a separate sheet.

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

*If "Yes" is ticked, it is understood that the student is eligible only for conditional acceptance.*

## G Religion Agreement

Traditional Learning Academy provides education in the Catholic tradition. Students study this religion along with the other subjects offered at each grade level. The daily routine at TLA includes prayers on several occasions. At least once each month, students participate in a special feast day according to the Liturgical calendar. On these occasions, students may go to the church to say the Rosary, sing hymns and/or participate in a special ceremony often in honour of Our Lady. Our school was founded by Catholic parents committed to providing a Catholic setting, whose solid academic programme is enlivened by its authentic spiritual environment. ***Although one need not be a Catholic to attend TLA, it must be understood that all students are required to participate in religion classes, prayers and in our school devotions. The school does not permit any student to "opt-out" of any part of its programme.***

My child will participate in all religious components of the school programme: Yes  No

Signature: \_\_\_\_\_ *If*

*"No" is ticked, it is understood that the student is not eligible for acceptance at TLA.*

## H Tuition and Refund Policy and Agreement

Tuition for the international student's anticipated length of stay is paid in full upon the student's acceptance. If, due to unforeseen circumstances, a student is withdrawn before the end of the first week (five school days) of their attendance, the family is eligible for a refund of up to 50% of the tuition received. If the student is withdrawn after the first week of attendance, no refund will be given. Should exceptional circumstances necessitate a student's withdrawal, an application for a tuition refund may be made to the Board of the Traditional Learning Society of BC for individual consideration. The school administration reserves the right to insist upon the withdrawal at any time during the school year of any student who conducts himself/herself in an unsatisfactory manner.

I have read and agree with the tuition and refund policy : Yes  No  Signature: \_\_\_\_\_

***If "No" is ticked, it is understood that the student is not eligible for acceptance at TLA.***

## I Privacy Policy Agreement

I consent to having Traditional Learning Academy collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parent's work numbers and email addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor and dentist's name and number, BC Medical Care Card number and similar information needed for registration. This information is required for registration at TLA and if permission is not given, then acceptance may be delayed or denied. I also consent to having photographs and work samples of my child(ren) used by Traditional Learning Academy in the school yearbook, website, newsletters and releases to local newspapers when used in conjunction with advertizing or school publicity.

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

## Acceptance Agreement

I understand that my child's acceptance at ***Traditional Learning Academy*** is subject to the accuracy of the information I have provided and according to the terms outlined in this application. I have read the conditions and I agree to the terms stated. I verify that the information contained in this application is true to the best of my knowledge, and that I have read, understood, and agree to the terms outlined herein. I further acknowledge that false information which I write on the application may result in the expulsion of my son or daughter from the school.

Date:

Parent/Guardian Signature:

### ***Administrative Use Only:***

Interview Date: \_\_\_\_\_ Persons in Attendance: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_