

# APPLICATION FOR SCHOOL ADMISSION

Date of Application: \_\_\_\_\_

Applying for Grade \_\_\_\_\_ for school year starting September \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Preferred Name: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_  
year month day

Gender:  Male  Female  Transgender/Gender Creative  Prefer Not to Disclose Pronoun Preference:  he/him  she/her  they/them  
 Other: \_\_\_\_\_

Current/Last School Attended: \_\_\_\_\_

School Board Jurisdiction: \_\_\_\_\_

Parent/Guardian 1's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different than #1) \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

What is the custody arrangement for this child?:  Both parents/guardians listed above  Parent/Guardian 1 has sole custody  
 Parent/Guardian 2 has sole custody  Other \_\_\_\_\_

Please provide relevant details about the custody situation for this child: \_\_\_\_\_

## CHILD'S SCHOOL HISTORY (PAST THREE YEARS)

Grade	School Attended	Year	Classroom Behaviour/Most Frequent Teacher Comments
Most Recent Year			
Previous Year			
Two Years Ago			

Was this student ever expelled or asked to withdraw from a school? If yes, which school? \_\_\_\_\_

Year \_\_\_\_\_ Reason: \_\_\_\_\_

Please briefly describe any special programs (special class, learning assistance, tutoring) that your child has been enrolled in or offered: \_\_\_\_\_

List any educational, psychological or other relevant testing (OT, SLP, etc.) done with your child: \_\_\_\_\_

What is the parent/guardian 1's perception of the child's school related problems?: \_\_\_\_\_

What is the parent/guardian 2's perception of the child's school related problems?: \_\_\_\_\_

**CHILD'S SOCIAL AND EMOTIONAL LIFE**

Please choose how you would describe the child's current behaviour with the following statements.

	<b>Severe Problem</b> (has severe deficit compared to people his/her age)	<b>Minor Problem</b> (some difficulty compared to people his/her age)	<b>No Problem</b> (behaves average or better compared to people his/her age)
Easily Frustrated			
Listens to and accepts direction from adults			
Resists trying new things			
Short attention span			
Hurts others physically when frustrated/angry			
Hurts self when frustrated/angry			
Impulsive behaviour			
Tendency to cry easily			
Mood changes quickly & drastically			
Verbal outbursts when frustrated			
Difficulty with transitions			
Very sensitive to noise, texture, etc.			
Runs away/hides when stressed			
Rigid thinking (black & white thinker, my way or the highway)			

What are the child's interests, hobbies and enjoyed activities? \_\_\_\_\_

What are the child's main dislikes? \_\_\_\_\_

Describe the child's feelings about him/herself (self-concept): \_\_\_\_\_

Has the child ever struggled with mental health concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the student ever been treated for:  substance use/abuse  sexually inappropriate behaviour

If yes, please detail: \_\_\_\_\_

Has the child ever been in trouble with the community or police?  Yes  No

If yes, please detail: \_\_\_\_\_

### ILLNESSES

Has the child ever been seriously ill?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the child ever been involved in a serious accident (involving head injuries, etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

### MEDICATION

Is the child currently taking any medication?  Yes  No

If yes, please explain: \_\_\_\_\_

### INVOLVEMENT WITH FOOTHILLS ACADEMY SOCIETY

Has your child participated in any Foothills Academy Society programs and services? Please check all that apply:

- Read/Write & Math Tutoring
- Camp Amicus and/or Amicus Recreation Programs
- Psychological Assessment, Counselling and/or Group Programs (Social Skills, Girls Only)

Does your child have a sibling who has attended the school program?

- No
- Yes If so, what is the child/ren's name(s)? \_\_\_\_\_

### PERMISSION TO CONTACT TEACHER

Current Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

I /We agree that my/our signed application (end of form) gives permission for a representative of Foothills Academy to contact the above named teacher.  Yes  No

### SIGNATURE OF PARENT(S)/LEGAL GUARDIAN(S)

By signing this form, you are acknowledging that all information provided is accurate and complete and you give Foothills Academy Society the right to process this application.

Parent/Legal Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

How did you hear about Foothills Academy School? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> We have participated in programs/services through Foothills' Community Services | <input type="checkbox"/> Calgary's Child           |
| <input type="checkbox"/> Psychologist  | <input type="checkbox"/> Our Kids website/magazine |
| <input type="checkbox"/> Doctor  | <input type="checkbox"/> Foothills Academy website |
| <input type="checkbox"/> Parent of child attending Foothills Academy                                     | <input type="checkbox"/> E-News                    |
| <input type="checkbox"/> Teacher   | <input type="checkbox"/> Facebook/Twitter          |
| <input type="checkbox"/> OT/PT/SLP   | <input type="checkbox"/> Other: _____              |

## SCHOOL APPLICATION CHECK LIST

Please submit the following:

- Application Form** - with signatures from all parents/guardians with custody
- Psychological Assessment**  
A psychological assessment completed within 3 years of the present application date including recent W.I.S.C. IV or W.I.S.C. V results. The report should include the Full Scale I.Q., Verbal Comprehension, Perceptual Reasoning, Working Memory and Processing Speed scores as well as the sub-test scores.
- Supporting Documents**  
Copies of report cards, I.P.P.'s, and all additional information/assessments, which might be useful in determining the type of program required to meet the child's needs. At some point during the intake process, it is likely that we will wish to speak to the child's teacher. If you do not have copies of these documents but your child's school does, complete the Consent to Release form and give it to your child's school
- Processing Fee**  
Send the package along with a \$50.00 non-refundable processing fee made payable to "Foothills Academy Society".

***Once all of these documents are received, we will be able to begin the intake process.***

- Consent to Release Form - send to current school/agencies - if needed

Please send all documents and enclose the non-refundable processing fee of \$50 (Please make cheques payable to FOOTHILLS ACADEMY).

Mail application and payment to:  
FOOTHILLS ACADEMY  
745 - 37 Street NW  
Calgary, AB T2N 4T1