*Please print clearly

Soaring Heights Academy Form

Online Learning
[Pre-kindergarten – 9]

Student Demographics

REGISTRATION: □ **NEW** □ **RETURNING**	**Date of Birth**	Month:	Day:	Year:
Legal Last Name	Legal First Name		Middle name	
Home Address	City	Postal Code	Home phone #	
Medical information (disabilities, illness, seizures, allergies, etc.) please specify:		Medications, if any:		
Has your child ever received speech therapy, occupational therapy, physiotherapy, or psychological services? □ Yes □ No If yes, please specify: _____ **Assessment reports must be provided at time of registration*				

Primary contact -Parent/Guardian Information **Please provide proof if child is under sole custody*		**Relationship to student**
Last Name	First Name	Cell#
Email		Work#
Parent/Guardian Information		**Relationship to student**
Last Name	First Name	Cell#
Email		Work#

Alternate emergency contacts		
Last Name	First Name	Home#
Relationship to student		Cell#

Canadian Citizen:	Is the named student a Canadian Citizen? □ Yes □ No Please provide one: □ Birth Certificate □ Passport

Foreign Citizen: Foreign Citizens MUST provide BOTH Foreign Citizenship Documents AND Work Visa or Residency Documents

□ Permanent Resident/Landed Immigrant □ Work Visa □ Temporary resident

Please provide one: □ Birth Certificate □ Passport

Learn Today, Lead Tomorrow

Last school attended

School Name _____ Grade Level _____

Teacher's name _____ Phone # _____

Any information or concerns Soaring Heights Academy should be aware of? □ Yes □ No

If yes, please explain _____

Check all that apply **AND** provide the most recent copy of any of these documents

Individual Program Plan? □ Yes □ No

❑ **IPP/ISP** ❑ **ESL** ❑ **Coding:** *list code(s):* _____ ❑ **Behavioral Plan** ❑ **Current Psych Ed Assessment**

- **Submitting an application form does not guarantee admission until all the required documents are submitted and the application fee is received.**

FEES: Application fee due immediately with the form and is **NON-REFUNDABLE**

- New students pay registration fee of $100 in addition to a program fee $75.
- Returning students pay program fee $75.

PAYMENT OPTIONS:

E-TRANSFER: send to **celine.feng@asasa.ca** Please mention student's name in the message.

Void cheque or Direct Deposit Information

Account Number:

Transit Number:

Institution Number:

Print Name: _____ Date: _____

Signature: _____