Académie Ste Cécile International School

925 Cousineau Road, Windsor, Ontario N9G 1V8
Tel: (519) 969-1291 Fax: (519) 969-7953

Application for Admission

(Kindly complete a separate application for each child in the family.)

Completion of this application does not automatically hold a position for your child in any class. This form is a preliminary step toward the admission process. Admission will be based upon past school reports.

Please note that each application must be accompanied by a payment of $600.00. This amount is comprised of a $100.00 non-refundable application fee and a $500.00 tuition fee deposit. Once a student has been accepted by ASCIS, the $500.00 tuition fee deposit also becomes non-refundable. ASCIS will refund the $500.00 tuition fee deposit only if a student is not accepted for enrollment. Therefore, once ASCIS accepts a student for enrollment, no part of any amount paid to the school will be refunded.

ASCIS further reserves the right to cancel a class for which there is insufficient enrollment. Under these circumstances, the application fee, in its entirety, will be refunded.

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I/we wish to make application for the admission of my/our son/daughter to be enrolled as a Day Student at Académie Ste. Cécile International School commencing on:_____.

_____	_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME	SEX

_____	_____	_____
HOME ADDRESS	POSTAL CODE	HOME PHONE

FATHER'S NAME: _____ WORK PHONE # _____

MOTHER'S NAME: _____ WORK PHONE _____

DATE OF BIRTH _____ EXPECTED GRADE: _____

MM/DD/YYYY

Please describe all allergies, illnesses, diseases, visual and/or auditory difficulties, emotional and/or mental and/or physical disabilities which either have affected and/or may affect the student's general health, and/or his/her school work and/or participation in school activities:

_____

In terms of your child's health, development and/or school life, has your child ever been recommended for specialized testing and/or evaluation (ie. psychological, motor skills, intellectual, behavioural, speech and language, etc)? _____Yes _____No
If yes, has your child ever undergone such testing and/or evaluation? _____Yes _____No _____Pending
Type of testing: (e.g. psychological, motor skills, intellectual, etc.)_____
If yes, please give details: (Name of firm) _____
(Address of Firm)_____
(Name of consultant) _____(Date)_____

I/We acknowledge that I/we have read the above and that the information is correct and complete. I/We submit a cheque in the amount of $600.00 according to the above terms.

_____	_____
(printed name of mother)	(signature of mother)
_____	_____
(printed name of father)	(signature of father)
_____	_____
(printed name of guardian)	(signature of guardian)

_____
Date

Nov/10

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Application for Admission for

_____
(Name of student)

This section is to be completed by the parents:

Please describe your child as objectively as possible. Which strengths and weaknesses do you see in your son/daughter which affects him/her at home and as a student at ASCIS? What special abilities and/or talents does your son/daughter display (i.e. athletic, artistic, musical, academic, etc.)?

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What are your reasons for applying for admission for your son/daughter to attend ASCIS?

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_____

Signature of Parent:_____ Date:_____

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Application for Admission for

_____
(Name of student)

This section is to be completed by the student:

Why do you wish to be considered for admission?

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Signature of Student:_____ Date:_____