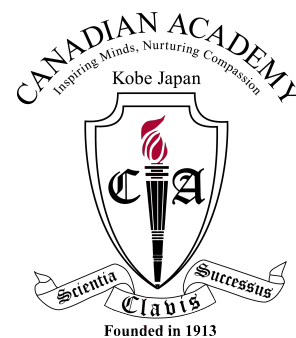


Applying to Canadian Academy, Grades 6-12

Please note, your application will not be complete until the school has received the following items:



- Completed School Application form
- Enrollment Agreement
- Health Form, completed by a physician and parent
- Photocopy of passport
- Two passport sized photos for each applicant
- Application Fee
- School records, past 3 years
- Official transcripts (10-12 only)
- Confidential recommendations, 1 from English teacher and 1 from another teacher
- English paper sample marked by the English teacher (9-12 only)
- Standardized test results–ITBS, Stanford, PSAT, SAT, TOFEL, etc.
- Report from specialists, if applicable



CANADIAN ACADEMY
Application for Admission - Grades 6-12

APPLICANT (Please submit a separate application for each child in your family.)										
APPLICATION DATE M ___/D ___/Y _____										
Last (Family) Name			First (Given)			Middle		<input type="checkbox"/> M <input type="checkbox"/> F		
Country & Date of Birth			Nationality Passport			Second Passport (if applicable)				
Applying to Grade		Expected Enrollment Date m ___/d ___/y _____				Expected Length of Enrollment _____ years				
Address in Japan										
Home Phone & Fax			Email			Mobile				
Current Address (if different from above)										
Home Phone & Fax			Email			Mobile				
Family's Permanent Address (if different from above)										
Billing Address <input type="checkbox"/> Home Address <input type="checkbox"/> Business Address										
EDUCATION (Please start with the latest school attended.)										
School Name & Address										
	Grade Level(s) Attended (indicate one grade per box)									
	Dates of Attendance		From	m ___/d ___/y _____			To	m ___/d ___/y _____		
School Name & Address										
	Grade Level(s) Attended (indicate one grade per box)									
	Dates of Attendance		From	m ___/d ___/y _____			To	m ___/d ___/y _____		
School Name & Address										
	Grade Level(s) Attended (indicate one grade per box)									
	Dates of Attendance		From	m ___/d ___/y _____			To	m ___/d ___/y _____		
Has the applicant ever had any psychological, educational or special testing? <input type="checkbox"/> YES (Please provide copies of reports) <input type="checkbox"/> NO										
Has the applicant ever been placed in any of the following plans and/or programs or received support for any of the following? Please check as applicable and provide reports or supporting documents.										
<input type="checkbox"/> No programs			<input type="checkbox"/> ESOL (English for Speakers of other Languages)			<input type="checkbox"/> Gifted & Talented		<input type="checkbox"/> Individual/Family Counseling		
<input type="checkbox"/> ADHD			<input type="checkbox"/> IEP (Individual Educational Plan)			<input type="checkbox"/> Behavior Management		<input type="checkbox"/> Learning Resources		
<input type="checkbox"/> Remedial Reading/Writing			<input type="checkbox"/> Remedial Math			<input type="checkbox"/> Speech/Language		<input type="checkbox"/> Other _____		

Has the applicant ever been exited by or voluntarily withdrawn from any educational institution for academic or behavioral issues? YES NO
 If yes, please provide additional information.

Has the applicant ever been suspended or expelled by any educational institution at any time? YES NO
 If yes, please explain:

Is there anything else you would like to share about the applicant, i.e. areas of strength & areas of challenge, views on school?

Please share your reasons for choosing Canadian Academy including what type of educational experience you hope the applicant will experience at CA.

What other schools are you considering?

FAMILY (MEMBERS LIVING WITH YOUR CHILD)

Parents	<input type="checkbox"/> Father <input type="checkbox"/> Step-father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Legal Guardian
Name Last/first		
Passport Country/ies		
Employer		
Position		
Work Address		
Work Phone/Fax		
Email		
Mobile		
Home Language(s)		
English Proficiency	<input type="checkbox"/> Native/High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> Native/High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
	Do you have any areas of expertise?	Do you have any areas of expertise?
	Are you willing to share your expertise with our students? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to share your expertise with our students? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please include all information on siblings as requested below so we have a complete picture of your family. However, please note that each student applying to CA must submit a separate application.

Sibling(s)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Brother <input type="checkbox"/> Sister
Name			
Date of Birth	m____/d____/y_____	m____/d____/y_____	m____/d____/y_____
	<input type="checkbox"/> Enrolled at CA Grade	<input type="checkbox"/> Enrolled at CA Grade	<input type="checkbox"/> Enrolled at CA Grade
	<input type="checkbox"/> Applying to CA Grade	<input type="checkbox"/> Applying to CA Grade	<input type="checkbox"/> Applying to CA Grade
	<input type="checkbox"/> Enrolled elsewhere School Grade	<input type="checkbox"/> Enrolled elsewhere School Grade	<input type="checkbox"/> Enrolled elsewhere School Grade
Are there any family members who are CA Alumni?			
Name	Relationship		Class of
Name	Relationship		Class of

Please read the statements below and check the appropriate box.

Agree Disagree

I recognize that Canadian Academy reserves the right to determine the most appropriate grade level placement for my child and the right to determine whether or not my child should be placed in a support program. I understand that Canadian Academy will not accept a child whose needs cannot be met by the programs available at Canadian Academy. I also understand that my child's acceptance is conditional upon availability of space in the grade level and in the program in which he/she may be placed.

MISSION STATEMENT

Canadian Academy inspires students to inquire, reflect, and choose to compassionately impact the world throughout their lives.

CORE VALUES

We believe that

- embracing human diversity provides opportunities for enrichment.
- the health of our planet depends on the actions of each individual.
- compassionate actions benefit communities.
- what we envision can be achieved through knowledge, creativity, and passion.
- critical inquiry is an essential component of more profound learning.
- leading by example is the essence of integrity.
- open, respectful, and inclusive communication builds trust.
- challenging experiences are opportunities for learning and growth.
- lifelong learning leads to self discovery and personal meaning.
- flexibility is necessary for success in a world of accelerating change.

EMERGENCY CONTACT (MUST BE OTHER THAN PARENTS)

1. Name	Relationship	Country & Phone
2. Name	Relationship	Country & Phone

DISCLAIMER AND SIGNATURE

I authorize the execution of this registration and subscribe to the rules and regulations of Canadian Academy. Furthermore, I attest that the information given is accurate to the best of my knowledge and I give Canadian Academy and my child's current or previous school(s) permission to exchange records and other confidential information.

Please note that failure to provide accurate and complete information may result in cancellation of the application or acceptance.

Parent Signature	Date
---------------------	------

Parent Responsibility Contract



By signing this form, the parents/guardians will support their child(ren)'s learning.

I will:

Support the philosophy and culture

- support the the school's mission, core values, strategic objectives, programs, and all initiatives towards their achievement.
- contribute to a positive school environment, avoiding conduct which creates or promotes intolerance or disharmony between and/or among the members of the school or the staff.
- use channels of communication established by the school when seeking a resolution to a problem or concern, starting the conversation with the person directly responsible for the issue, if there is still a concern, then the principal can be brought into the discussion. Finally, the headmaster can enter the discussion if still no consensus can be reached.
- attend parent/teacher conferences, meetings and workshops to learn about Canadian Academy and how I can support my child(ren).
- cooperate with teachers and school leaders in support of the progress of my child(ren).
- enrich and support my child(ren)'s home language development as much as possible.

Support the curriculum and academics

- support the school's curriculum philosophy and practice, and understand that meeting country or region-specific curriculum standards outside of the school's mission and core values, may not be possible or supported.
- accept the school's placement of my child, ESOL level designation, and/or special education needs identification.
- understand that the school defines the level and need of language/learning support given and that there may be additional fees attached to the support.

Support my child

- read and understand the information contained in the Handbooks, which are located on the webpage for each section of the school.
- ensure my child(ren)'s regular attendance at school.
- support the school's involvement with extracurricular activities through the possible occasional homestay hosting of visiting students.
- volunteer and participate in a variety of activities, some of which may be PTA related.
- play an active role in monitoring my child(ren)'s screen time and online behavior.

Support the school

- guarantee that my child(ren) will be living with a parent, legal guardian, or in the Canadian Academy dormitory.
- pay all fees as established by the school in accordance with authorized payment plans. In case of non-payment, the school may restrict students from entering classes, withhold report cards, and/or refuse re-enrollment for the following semester.
- understand that the cafeteria services are provided by an independent contractor, not a part of Canadian Academy.
- understand that the school reserves the right to use and display students' images, videos and voice recordings for a variety of purposes, including advertising, marketing and sharing with the community. The school will follow their publishing protocols.

Failure on the part of parents/legal guardians to comply with the above policies and guidelines will result in a discussion with the school about whether this is the appropriate school for your family. Depending on the outcome of this discussion, this may result in the departure of your child(ren) from Canadian Academy. This form is automatically renewed when enrolling students for the next school year.

Parent Signature	Printed Name	Date
Student Name(s)	Grade Level(s)	

Canadian Academy Health Requirements For New Students

Physical Examination: completed by a physician on the Canadian Academy physical examination form (see CA website) **within 6 months prior to the first day of school.**

Tuberculosis (TB) skin test or Chest X-Ray: Official written result from a Physician is required **within 6 months prior to the first day of school.**

Chest X- Ray: is **mandatory** according to Japanese health regulations for any new student entering **High School.**

The following Immunizations **MUST** be completed prior to first day of school. A copy of all immunizations received **MUST** be submitted with the "Student Health Form" to the Health Office prior to the first day of school.

<u>Immunizations</u>	<u>Under 6 years</u>	<u>6 years and above</u>
DPT (Diphtheria / Pertussis / Tetanus)	4 doses	5 doses
MMR (Measles / Mumps / Rubella)	1 dose	2 doses
or		
MR (Measles / Rubella) + Mumps	1 dose	2 doses
Polio	3 doses	4 doses
Hepatitis B	Completion of 3 dose series	

Canadian Academy's required immunization policy was adopted using current information obtained from the World Health Organization (WHO), the Center for Disease Control and Prevention (CDC), the Japanese Department of Health and Welfare and various other worldwide health organizations.

If you have any questions, please contact the Health Office at;

Email: health_office@canacad.ac.jp

Phone: (078) +81-78-857-1698

Student's Name _____
 Sex M F Nationality _____
 Father's Name _____
 E-mail: _____
 Mother's Name _____
 E-mail: _____
 Child Lives With Parents Other _____
 Emergency Contact Person _____
 Contact No. (Home/Cellphone) _____

DOB _____
 Entering date & grade _____
 Cellphone No. _____
 Cellphone No. _____
 Name _____
 Relationship _____
 Phone No. _____
 Cellphone No. _____
 Relationship to student: _____

Does your child have any allergies? Yes No
 Allergy symptoms include:
 If Yes: Food _____ Insects _____
 Rash _____
 Runny Nose _____
 Itchy eyes _____
 Drug _____
 Pollen _____
 Other _____
 Respiratory difficulties _____
 Other _____

DOES YOUR CHILD HAVE ANY HISTORY OF THE FOLLOWING PROBLEMS?

Seizures	Heart/Circulatory problem	Eating disorder (Anorexia, bulimia)
Stomach problem	Skin disorder	Asthma/Breathing problems
Depression	Anxiety disorder	Diabetes

If yes to any of the above, please explain treatment (if any): _____

Is your child currently taking any type of medication on a regular basis at home or while in school?
 Yes No If yes, specify: _____

The following over the counter medications may be given to my child by the school nurse when deemed necessary. **Please check appropriate box.**

<input type="checkbox"/> Antacid Tums	<input type="checkbox"/> Ibuprofen Advil Motrin	<input type="checkbox"/> Acetaminophen Tylenol Paracetamol	<input type="checkbox"/> Antihistamine Benadryl	<input type="checkbox"/> Decongestant Non-Pseudo
<input type="checkbox"/> Anti-cough Robitussin	<input type="checkbox"/> Eye drops Anti-itch Anti-bacterial Visine	<input type="checkbox"/> Topical ointments Anti-itch Antibiotic Hydrocortisone 1%	<input type="checkbox"/> MS Aid (for menstrual cramps)	<input type="checkbox"/> Give No medication to my child until I am notified first.

REQUIRED IMMUNIZATIONS

Proof of Immunization is Required. (Please attach copy)

Vaccine	Mo/Day/Yr	Vaccine	Mo/Day/Yr
No. 1	/ /	No. 1	/ /
No. 2	/ /	MMR	/ /
DTP/DT/	/ /	No. 2	/ /
TD	/ /	MR	/ /
No. 3	/ /	No. 1	/ /
No. 4	/ /	No. 2	/ /
No. 5	/ /	Measles	/ /
No. 1	/ /	No. 2	/ /
No. 2	/ /	No. 1	/ /
No. 3	/ /	Rubella	/ /
No. 4	/ /	No. 2	/ /
No. 1	/ /	No. 1	/ /
No. 2	/ /	Mumps	/ /
No. 3	/ /	No. 2	/ /

REQUIRED CHEST X-RAY/TB SCREENING

Within 6 months prior to first day of school.

Chest X-Ray (required in Gr. 9 or upon entering high school)	TB Skin Test		MD signature
	Date	Result	
Result: _____	m / d / y	(induration/wheel)	
MD signature: _____	/ /	/ /	
	/ /	/ /	
Date: _____	BCG (when given) _____		
m / d / y	Country administered _____		

RECOMMENDED IMMUNIZATION

Chicken Pox			
Vaccine No. 1	/ /	/ /	/ /
No. 2	/ /	/ /	/ /
Disease	/ /	/ /	/ /

I authorize Canadian Academy to take whatever action they feel is necessary to ensure the health and safety of my child.

Parent's Signature _____ **Date** _____

CANADIAN ACADEMY STUDENT'S PHYSICAL EXAM

Name of Student: _____ Grade _____

This section MUST be completed and signed by a physician

Within 6 months PRIOR to first day of school at CA.

Height: ____ cm Weight: ____ kg BP: ____ Temperature: ____ Pulse: ____ Respirations: ____

	Normal	Abnormal	Comments
Developmental Assessment			
Integumentary System			
Lymphatic System			
Cardiovascular System			
Gastrointestinal System			
Musculoskeletal System			
Neurological Assessment			
Genito-Urinary Assessment			
Spinal Exam / Scoliosis			
Ears / Hearing			
Nose / Throat			
Respiratory System			
Eyes / Vision	R: ____ L: ____	R: ____ L: ____	Glasses: ____
Chest X-Ray (Required in Gr. 9 or upon entering High School)			Result: _____

History

1. Does the child have any chronic or acute medical condition that may require any intervention at school?

2. Are there any concerns about the child's general health that we should be concerned about?

3. Are there any concerns about the child's emotional well being? _____

Physician's Name (print): _____ Date of Exam _____

Signature: _____

Address: _____

Confidential Recommendation for Grade 6 – Grade 12

The applicant's English teacher, the principal or counselor should complete this form.



APPLICANT INFORMATION

Last (Family) Name		First (Given) Name		Middle/Nickname
Current Grade	Applying for Grade		Languages <small>FIRST SECOND</small>	
School Name (MOST RECENT)			School Website	
School Address			School Phone Number	
Name of Person Completing Form			Email Address	
Position of Person Completing Form			How long have you known the applicant?	

SOCIAL/EMOTIONAL EVALUATION IN RELATION TO HIS/HER PEERS

	Below Average	Average	Above Average	No Basis for Judgment
Ability to work in a group				
Compassion for others				
Grit, determination				
Flexibility				
Integrity				
Leadership				
Organizational skills				
Self-confidence				
Relationship with adults				

ACADEMIC EVALUATION IN RELATION TO HIS/HER PEERS

	Below Average	Average	Above Average	No Basis for Judgment
Academic ability				
Academic achievement				
Effective communicator				
Follows directions				
Reflects and assesses self				
Works independently				
Attentiveness and focus				
Critical thinking skills				
Intellectual curiosity				
Study habits				

Confidential Recommendation for Grade 6 - Grade 12



NARRATIVE RESPONSE

Please comment on any particular academic strengths and challenges.

Please provide information about the student's character and values.

Please describe any disciplinary or emotional concerns the student may have.

Please provide information about the student's performance and potential. Feel free to include anything else you think we should be aware of regarding the student.

Has the student ever been in any of the following programs or received support for any of the following? Please check as applicable and please provide details on a separate sheet.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> No programs | <input type="checkbox"/> EAL (English as an Additional Language) | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Ind./Family Counseling |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> IEP (Individualized Educational Plan) | <input type="checkbox"/> Learning Resources | <input type="checkbox"/> Behavior Management |
| <input type="checkbox"/> Remedial Writing/Reading | <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Other _____ |

Have the student's parents been supportive of the school and cooperative when working with teachers, counselors and administrators? IF NOT, PLEASE EXPLAIN.

Signature

Date

Canadian Academy would like to thank you for completing this form. Please mail, scan and email, or fax this form.

Mail to:

Canadian Academy
Office of Admissions
4-1 Koyo-cho Naka
Higashinada-ku, Kobe
658-0032

Scan and email to:

admissions@canacad.ac.jp

