

CANADIAN ACADEMY

(Please type or print)

Student

Legal name _____
last (family) first (given) middle

Preferred name (if different) _____ Sex M F Birth date / / Age
month day year

Nationality(ies) _____ Home language _____

Applicant for grade _____ Planned enrollment date / /
month day year

Passport country and number _____ Passport expiration date / /
month day year

Japanese visa expiration date / / Immigration visa type/status _____
month day year

Alien Registration certificate no. _____ Expiration date / /
month day year

Ward office where you renew your AR _____

Medical Information

The following non-prescription medications may be given to my child:

Antihistamines Tylenol (Panadol) Aspirin Cough Medicine

Cold Medicine Antacid

Other (Please list) : _____

Food allergies or special dietary requirements:

Allergies to medications:

Any medical condition, prescriptions used, or other information about which dormitory parents should be aware:

To help us place the student with the most compatible roommate, he/she should answer the following questions:

When do you prefer to do homework? What types of music do you enjoy?

after school or activities _____

After dinner _____

Late at night

How would you describe your room most of the time?

Neat So-so Messy

With whom you have shared a room in the past?

Brother or sister

Roommate in another dormitory or camp experience

No one

For Dormitory Supervisor's Use

Status: A P R Decision by: _____ First day of school: ___/___/___

Dormitory Application (continued)

Parental Permission	Weekly allowance ¥ _____ Parent initials _____ (suggested: ¥5,000–¥7,000 for Grades 8-9 and ¥6,000–¥8,000 for Grades 10-12)
	Permission to withdraw money for supplies such as athletic equipment, field trips, etc., as approved the dormitory parents without phone call or letter from parents: Maximum Amount: _____

Parents Information	Mother's name _____ <small>last (family) first (given)</small>	Father's name _____ <small>last (family) first (given)</small>
	Mother's English ability _____ <small>fluent none</small>	Father's English ability _____ <small>fluent none</small>
	Employer _____	Employer _____
	Home phone (_____) _____ <small>(country code if you are outside of Japan)</small>	Home phone (_____) _____ <small>(country code if you are outside of Japan)</small>
	Work phone (_____) _____	Work phone (_____) _____
	Work fax (_____) _____	Work fax (_____) _____
	Email _____	Email _____
	Cell phone _____	Cell phone _____
	Parents' home address _____ _____	
	Emergency contact person and number (other than parents): _____	

I, the parent or legal guardian of the student applicant, hereby apply for his/her admission into the Canadian Academy dormitory, Gloucester House.

I hereby grant permission for the school nurse, dormitory parents, principal, or headmaster of Canadian Academy to sign operative and anesthesia permits for the student applicant as thought necessary by a physician or surgeon. I authorize first aid measures by the best qualified person on hand at the time of any emergency. I hereby waive any claims against anyone administering first aid. I understand the school will make all possible effort to reach me prior to any treatment or surgery.

I waive all claims against Canadian Academy for any illness or injury beyond the school's control, on or off Canadian Academy school grounds.

I and the student applicant named herein have read the rules and customs of Gloucester House outlined in the Canadian Academy Dormitory Handbook, and agree to abide by them.

I recognize that the dormitory parents and school administrators have sole responsibility for the interpretation of the school's rules, regulations, and policies. I understand that the principal and headmaster have the right to remove students from the dormitory and return them to their parents or guardians, and that if a student is expelled from school or removed from the dormitory for disciplinary reason, the dormitory fees are forfeited.

Signature of Parent or Legal Guardian

Date

relation to student applicant

Signature of Student Applicant

Date

Canadian Academy

(Please type or print.)

Name of Applicant _____
last (family) *first (given)* *middle*

This form to be completed by a non-family member, preferably a school counselor, teacher, or official.

The student named above is applying to live in Gloucester House, the student dormitory at Canadian Academy, an international school in Kobe, Japan. Gloucester House consists of two separate living units joined by a recreation and common area. Each unit includes a dormitory parent apartment so that a family relationship can grow among students and their resident dormitory advisors. The student you are referring would be living with up to eleven same-sex students in the living unit and up to twenty-one other teenagers. Please help us determine his/her suitability for living in a boarding situation. Thank you for being prompt and honest in your evaluation of this student.

1. Considering the applicant's age and experience, how would you rate his/her ability to make sound judgments in daily living?

- Very Mature Fair
 Average Immature

2. How would you rate the applicant's level of responsibility?

- Always responsible Many assume more responsibility than can handle
 Does well when asked Frequently unreliable

3. How would you rate the applicant's attitude toward academic work?

- Positive attitude Negative attitude
 Depends on subject matter

4. How would you rate the applicant's ability to get along with others?

- Outstanding Average
 Good Poor

5. Considering leadership qualities, how would you rate the applicant in terms of influence on classmates?

- A consistent leader Independent
 Leads sometimes Generally a follower

6. If the applicant has had previous dormitory or camp experience, please explain below:

Please go on to the back of this form

For Dormitory Administrator's Use

Date received _____ Coments _____

Personal Reference (continued)

7. Please describe the student's personality and any significant emotional or adjustment problems relative to living in a dormitory environment.

8. If the student has been involved in tobacco, alcohol, or other drug use/abuse, please describe the problem and any disciplinary action taken.

9. Please evaluate the applicant's suitability for living with up to twenty-three other teenagers. What else can you tell us about this student that would give us an insight into him/her?

10. Your overall recommendation of this applicant for Gloucester House living:
 - Strongly recommend
 - Recommend
 - After initial adjustment, student should do fine
 - Questionable, student may anticipate difficulties
 - Not recommended for group living situation

Date

Signature

Name of person completing this form

Title and Organization

Address

Address

Telephone Number

E-mail Address

Please return directly to:

Director of Admissions

Canadian Academy

4-1 Koyo-cho Naka

Higashinada-ku, Kobe

658-0032 Japan

Tel: 81-78-857-0100

Fax: 81-78-857-4095

E-mail: admissions@canacad.ac.jp

Canadian Academy

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For Dormitory Administrator's Use

Date received _____ **Comments** _____

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