## **Boarding** A

<b>Boarding Application</b>	
APPLICANT INFORMATION	

And Kobe Japan

							Founded in 1913
Last (Family) Name	First (Given) Name		Preferred	Name			
Nationality		Home Language					
Passport Country		Passport Expiration Date	9	М	/D	/Y	
STUDENT RESPONSE							
Thank you for your interest in our boarding prog	gram. How did you hear	about us?					
With whom have you shared a room in the past	? Sibling 🗖	Boarding or camp	roommate			No one	
Why would you like to join our boarding progra	am? What are you most e	xcited about?					
What activities are you involved in (sport, extra- well as qualities that you posess that might add	curricular, volunteer)? W to our boarding program	'hat are some important   ?	lessons you	ı have lea	arned fr	rom this a	activity as
What are your expectations of our boarding pro	gram?						
What interests you about living in Japan/Japanes	se culture?						
PARENTAL PERMISSIONS							
Weekly allowance ¥ ( Suggested: ¥5000 - ¥7000 for Gr8 -9 and ¥600	00 - ¥8000 for Gr10 - 12	)					
Permission to withdraw money for supplies such parents: Maximum Amount ¥	n as athletic equipment, f	ield trips etc, as approve	d by our b	oarding p	arents	without o	contacting
Parent signature:							
Canae	DIAN	ACA	D	ΕN	$\Lambda^{\mathbf{N}}$	Y	

inspiring minds, nurturing compassion

#### PARENT INFORMATION

Permanent Address

Emergency contact person's name, relationship to student and phone number (preferably in Japan, if possible)

Father's name
Father's English ability
Employer
Home phone
Work phone
Cell phone
Email
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#### **BOARDING AGREEMENT**

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

I hereby grant permission for the school nurse, boarding 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 Boarding Handbook, and agree to abide by them.

I recognize that the boarding 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 boarding residence and return them to their parents or guardians, and that if a student is expelled from school or removed from the boarding residence for disciplinary reason, the boarding fees are forfeited.

Signature of Parent or Legal Gardian

Date

Relationship to Student Applicant

Signature of Student Applicant

Date

# CANADIAN ACADEMY

## **Confidential Recommendation for Boarding Applicants**



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

The student named below is applying to live in Gloucester House, the student boarding residence 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 boarding parent apartment so that a family relationship can grow among students and their resident 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.

## APPLICANT

-									
Last (Family) Name			First (Given) Nan	ne			Middle Name		
APPLICANT EVALUATION									
1. Considering the appli	cant's ag	ge and exper	ience, how would	you	rate his/her abilit	y to ma	ike sou	nd judgments in daily livir	ng?
Very Mature		Mature		A	Verage			Needs assistance	
2. How would you rate t	the appl	icant's level o	of responsibility?						
Always responsible		Usually resp	oonsible	<b>]</b> s	iometimes respon	nsible		Irresponsible	
3.How would you rate t	he appli	cant's attitud	e toward academic	c woi	rk?				
Motivated			Unmotivated			Deper	nds on t	the subject matter	
4. How would you rate t	the appl	icant's ability	to get along with	othe	rs?				
Outstanding		Good			Average			Poor	
5. Considering leadershi	p qualit	ies, how wou	uld you rate the ap	plica	nt in terms of inf	luence	on clas	ssmates?	
Leads consistently		Leads son	netimes 🛛		Independent			Generally a follower	
6. If the applicant has had previous boarding or camp experience, please explain:									

7.Please describe the student's personality and any significant emotional or adjustment problems relative to living in a boarding 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-two teenagers. What can you tell us about this student that would give us insight into him/her?

10. Your overall recommendation of this applicant for Gloucester House living.

	<u> </u>
Strongly recommend	D
Recommend	٦
After initial adjustment, student should do fine	٦
Questionable, student may have difficulties	٦
Not recommended for group living situation	0

Signature	Date
Name of Person Completing Form	Email Address
Position of Person Completing Form	How long have you known applicant?

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

Mail to:	Scan and email to:	Fax to:
Canadian Academy Admissions Office 4-1 Koyo cho Naka Higashinada ku, Kobe 658-0032	admissions@canacad.ac.jp	+81 78 857 5168 outside of Japan 078-857-5168 inside of Japan



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

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## APPLICANT

Last (Family) Name	ast (Family) Name First (Given) Name Middle Name							
APPLICANT EVALUATION								
1. Considering the applic	ant's age	and experi	ience, how wo	ould you	rate his/her ability to	make sound	judgments in daily living	<u>g</u> ?
Very Mature		Mature			Average		Needs assistance	
2. How would you rate th	ne applic	ant's level o	of responsibili	ty?				
Always responsible		Usually re	esponsible		Sometimes respons	ible 🗖	Irresponsible	
3.How would you rate th	e applica	ant's attitud	e toward acad	lemic wo	rk?			
Motivated			Unmotivated	b		Depends	on the subject matter	
4. How would you rate th	ne applic	ant's ability	to get along	with othe	rs?			
Outstanding		Good			Average		Poor	
5. Considering leadership qualities, how would you rate the applicant in terms of influence on classmates?								
Leads consistently		Leads som	netimes		Independent		Generally a follower	
5. If the applicant has had previous boarding or camp experience, please explain:								

7.Please describe the student's personality and any significant emotional or adjustment problems relative to living in a boarding 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-two teenagers. What can you tell us about this student that would give us 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 have difficulties	
Not recommended for group living situation	

Signature	Date
Name of Person Completing Form	Email Address
Position of Person Completing Form	How long have you known applicant?

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

Mail to:	Scan and email to:	Fax to:
Canadian Academy Admissions Office 4-1 Koyo cho Naka Higashinada ku, Kobe 658-0032	admissions@canacad.ac.jp	+81 78 857 5168 outside of Japan 078-857-5168 inside of Japan

