



## UNIVERSITY FOUNDATIONS PROGRAM APPLICATION FORM

Photo

APPLICATION CHECKLIST
<ul style="list-style-type: none"> <li><input type="checkbox"/> Application form and Application Fee (Fee not applicable for Alexander College students)</li> <li><input type="checkbox"/> Recent photo of student (attach to p.1 of application)</li> <li><input type="checkbox"/> Official transcript or report card for last 2 years, with English translation, if applicable</li> <li><input type="checkbox"/> Copy of passport</li> <li><input type="checkbox"/> Copy of Study Permit</li> <li><input type="checkbox"/> English Language Assessment</li> </ul>

STUDENT INFORMATION					
First Name		Middle Name		Last Name (family name)	
Date of Birth (yyyy/mm/dd)		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Personal Education Number (PEN)
First Language		Other Languages	Years of English study	Requested start date <input type="checkbox"/> Sept <input type="checkbox"/> Jan <input type="checkbox"/> May	
Student's street address				City	
Province	Country	Postal / Zip Code	Student's phone number		Alternate number
Students email address				Country of Citizenship	

PREVIOUS SCHOOL INFORMATION			
School Name	City, Country	Grades attended	Date completed
School Name	City, Country	Grades attended	Date completed
School Name	City, Country	Grades attended	Date completed

SPECIAL CONSIDERATIONS / OTHER INFORMATION																																					
Do you require or have previous documentation of any of the following?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Student Learning Plan (SLP)</td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td style="padding: 2px;"><input type="checkbox"/> NO</td> <td style="padding: 2px;"><input type="checkbox"/> Not Sure</td> </tr> <tr> <td style="padding: 2px;">Individual Education Plan (IEP)</td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td style="padding: 2px;"><input type="checkbox"/> NO</td> <td style="padding: 2px;"><input type="checkbox"/> Not Sure</td> </tr> <tr> <td style="padding: 2px;">Support Services (e.g. speech and hearing tests, psychometric testing, counselor reports)</td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td style="padding: 2px;"><input type="checkbox"/> NO</td> <td style="padding: 2px;"><input type="checkbox"/> Not Sure</td> </tr> <tr> <td style="padding: 2px;">Currently receiving medical attention. If yes, please describe: _____</td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 2px;">Is taking prescribed medication. If yes, please describe: _____</td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 2px;">Has physical challenges If yes, please describe: _____</td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 2px;">Is receiving psychological assistance. If yes, please describe: _____</td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Additional information: _____</td> </tr> <tr> <td colspan="4" style="padding: 5px;">_____</td> </tr> </table>	Student Learning Plan (SLP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure	Individual Education Plan (IEP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure	Support Services (e.g. speech and hearing tests, psychometric testing, counselor reports)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Sure	Currently receiving medical attention. If yes, please describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Is taking prescribed medication. If yes, please describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Has physical challenges If yes, please describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Is receiving psychological assistance. If yes, please describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Additional information: _____				_____			
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**EMERGENCY & MEDICAL INFORMATION**

Emergency Contact	Phone #1	Phone #2:	Relationship to student
Care Card Number	Private Insurance Policy (if applicable)	Private Insurance Provider	

**AGENT INFORMATION, if applicable**

Agency Name	Contact Person	Telephone
		Email

**HOMESTAY**

Do you require Homestay accommodation while studying at Alexander Academy? Academy students under 19 years are required to be placed with FCI Placement unless living with a family member who is also the custodian, age 25 or older.

yes  no

If yes, please provide an email address to which you would like Homestay information sent. This email address will be shared with First Choice International Placement [www.fcplacement.com](http://www.fcplacement.com) solely for the purpose of arranging the Homestay placement or custodianship arrangement. Students requiring Homestay are obligated to register with First Choice International Placement.

Email	Telephone
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**IF STUDENT IS UNDER AGE 19 AT TIME OF APPLICATION PLEASE COMPLETE THE FAMILY & GUARDIAN INFORMATION****FAMILY INFORMATION**

Parent #1					
First Name	Last Name (family name)		Telephone		
Street Address			City		
Province	Country	Postal/ZIP Code		Relationship to Student	
Parent email ( <b>required</b> )				Parent cell phone	
Parent #2					
First Name	Last Name (family name)		Telephone		
Street Address , if different from Parent #1			City		
Province	Country	Postal/ZIP Code		Relationship to Student	
Parent email				Parent cell phone	
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> parent 1 only <input type="checkbox"/> parent 2 only <input type="checkbox"/> Homestay <input type="checkbox"/> Guardian <input type="checkbox"/> Other					

**GUARDIAN / CUSTODIAN INFORMATION**

First Name	Last Name (family name)	Telephone	Cell Phone
Street Address		City	Postal Code
Email address ( <b>required</b> )		Relationship to student	

**PAYMENT OF FEES**

Fees are payable in accordance with the Schedule of Fees and are non-refundable. Upon admittance to the school, students are committed to remain enrolled for the full academic semester and if a student withdraws during the semester, they are liable for the full tuition.

**Limitations:**

International students who have been issued an official Letter of Acceptance from Alexander Academy are not eligible for a refund, unless the student study permit application has been denied by Citizenship and Immigration Canada. Request for refund must be in writing and accompanied by written notice from CIC of the study permit denial. Only prepaid tuition fees will be refunded. The application fee is non-refundable. An administration fee of \$300 will be applied to any refunds requested by wire transfer and will be deducted from the eligible refund amount. Continuing students are eligible for a full refund less the activity fee provided that the request for withdrawal is received by the Academy a minimum of 14 calendar days prior to the commencement of classes and no Letter of Acceptance or Confirmation of Enrolment letter has been issued.

A partial refund of tuition fees will be issued if the written request for withdrawal is received by Academy staff less than 14 calendar days prior to the commencement of classes and for the first 14 calendar days after the commencement of classes. The student is eligible for a refund of 50% of tuition fees during this time period, provided no official Letter of Acceptance or Confirmation of Enrolment letter has been issued.

If the request for withdrawal is made 15 or more calendar days after the commencement of classes, the student is not eligible for any refund of tuition fees.

I have read, understood and agree to the terms of payment of fees to the school. Upon acceptance, I agree to pay tuition and activity fees as required.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent / guardian if student is under age 19: \_\_\_\_\_ Date: \_\_\_\_\_

**CODE OF CONDUCT**

Alexander Academy has pride in its school, students, faculty, and staff. Our goal is to provide a safe and nurturing learning environment for all members of the school community. We expect our students and parents to demonstrate care and respect for the safety and well-being of others, and to maintain integrity in their studies. This includes adherence to the full Code of Conduct as well as standards of academic honesty. In serious and/or persistent cases of misconduct, the Academy reserves the right to remove a student from classes and/or require that a student withdraw, at any time during the school year, without eligibility for a refund of tuition fees.

I understand and support the Academy's standards of academic honesty and respect for the well-being of all other members of the school community.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent / guardian if student is under age 19: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER**

I hereby give consent for Alexander Academy to request all confidential school records pertaining to this student from the previous school. These records are necessary to providing appropriate assessments, programming, and services for the student, and will become part of the permanent record at Alexander School if the student is accepted.

I the student,

- a. declare that the information submitted in this application and all supporting documentation is true and complete
- b. authorize Alexander Academy to verify the information submitted with the application, and the authenticity of all supporting documentation
- c. agree to provide proof of private Medical Insurance coverage or BC Care Card number and immunization records
- d. agree to support the rules and policies of Alexander Academy
- e. agree to give full disclosure at the time of application, of all confidential information; educational evaluations, psychological assessments, or special medical needs relevant to the application
- f. agree to be responsible for paying all fees related to enrolment at Alexander Academy

Signature of STUDENT	Date
Signature of PARENT / GUARDIAN if student is under age 19	Date

**COURSE REQUESTS – UNIVERSITY FOUNDATIONS PROGRAM**

Course scheduling is subject to demand. Please indicate the course(s) you wish to complete this semester.

Course start date: Sept Jan May Year 20 \_\_\_\_\_

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student email \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Age \_\_\_\_\_ Student phone: \_\_\_\_\_ Personal Education Number (PEN) \_\_\_\_\_

<p>Grade 11 courses requested:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> English 11</li> <li><input type="checkbox"/> Communications 11*</li> <li><input type="checkbox"/> Social Studies 11</li> <li><input type="checkbox"/> Chemistry 11</li> <li><input type="checkbox"/> Physics 11</li> <li><input type="checkbox"/> Pre-calculus 11</li> <li><input type="checkbox"/> Foundations of Math 11</li> </ul>	<p>**Grade 12 courses requested:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> English 12 **</li> <li><input type="checkbox"/> Communications 12 * **</li> <li><input type="checkbox"/> History 12</li> <li><input type="checkbox"/> Law 12</li> <li><input type="checkbox"/> Economics 12</li> <li><input type="checkbox"/> Chemistry 12 **</li> <li><input type="checkbox"/> Biology 12</li> <li><input type="checkbox"/> Physics 12 **</li> <li><input type="checkbox"/> Pre-calculus 12 **</li> <li><input type="checkbox"/> Foundations of Math 12 **</li> </ul> <p>Other : _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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\* **Communications 12** does not allow for direct entry to university programs.

\*\* **All pre-requisites** for grade 12 courses must be met. These courses all have grade 11 pre-requisite requirements.

My selected course(s) have pre-requisite requirements.

I have met the pre-requisite requirements (copy of transcript / report card attached)

My selected course(s) do not have pre-requisite requirements.