

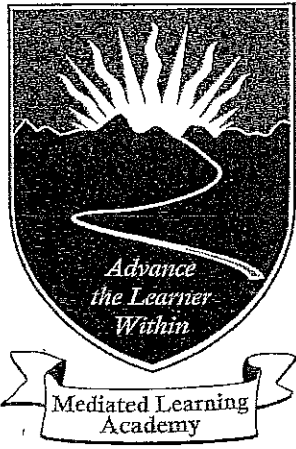


Mediated Learning Academy
550 Thompson Avenue
Coquitlam, BC
V3J 3Z8
www.mediatedlearningacademy.org

Phone: 604-937-3641 Fax: 604-931-5155

NEW STUDENT FORMS

PLEASE RETURN TO THE OFFICE AS SOON AS POSSIBLE, THANK YOU.



MEDIATED LEARNING ACADEMY

Application for Admission

Please attach a copy of Birth certificate and most recent Report Card with application. Application does not guarantee admission.

Junior School High School

I/WE hereby make application to Mediated Learning Academy for the admission of:

Legal Surname: _____ Application to Grade: _____

Legal Given & Middle Name: _____ Usual Given Name: _____

Desired Date of Entry: _____ Male Female

Date of Birth: _____ Place of Birth: _____
DD/MM/YYYY (City and Country)

Citizenship: _____ Language Spoken at Home: _____

If not a Canadian Citizen, are parents Landed Immigrants? Yes No

Parents are Canadian Citizens <input type="checkbox"/>	Landed Immigrants <input type="checkbox"/>	Date: _____
Signature of Parent: _____		Print Name: _____

Name of Father: _____ Email address: _____

Address: _____ City & Postal Code: _____

Occupation of Father: _____

Employer: _____ Telephone Work: _____

Telephone Home: _____ Pager/Cellular: _____

Name of Mother: _____ Email address: _____

Address: _____ City & Postal Code: _____

Occupation of Mother: _____

Employer: _____ Telephone Work: _____

Telephone Home: _____ Pager/Cellular: _____

Student Resides with: Mother Father Both Other: _____

If parents are divorced or separated, please indicate which parent is holder of the custody agreement: _____

Present or most recent school: _____

Telephone: _____

Address: _____

Fax: _____

A non-refundable application fee of \$500.00 (includes GST) must accompany this application for admission. This fee does not apply to tuition. For tuition refund, we refer you to our refund policy as posted on our website (www.mediatedlearningacademy.org)

I/We jointly and severally:

- agree to be responsible for the fees and expenses as outlined in the fee structure.
- agree to provide verified proof of family income should grants or bursaries be requested.
- agree to the conditions, notice, payment and refund of school fees in the event of withdrawal or expulsion of our son/daughter.
- agree to provide the required health and medical information of the applicant.
- agree to provide the applicant with the prescribed school dress code/uniform.
- agree to provide proof of B.C residency of parent/guardian.
- agree to support the rules and policies of Mediated Learning Academy.

Date: _____

Signature(s): _____

FATHER

MOTHER

LEGAL GUARDIAN (S)

I, _____

(Legal Guardian of applicant), am a resident of British Columbia and reside at the following address:

Address: _____

City and Postal Code: _____

Telephone Work: _____

Telephone Home: _____

Pager/Cellular: _____

Mediated Learning Academy is governed by the Board of Directors of MLE Training and Research Society. Parents and Guardians of students in the School become members of the Society upon enrollment of their child/children.

FOR SCHOOL USE ONLY:

Application Fee Paid: _____

Previous School Reports Received: _____

Medical Information Received: _____

Educational Testing Received _____

Legal Residency Received: _____

Student Name: _____ **Date:** _____

STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY) - FORM A (if parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).
(Lawfully Admitted into Canada)

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
- Admission as a refugee or refugee claimant
- Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- Other - Document description: (must be cleared with Citizenship and Immigration Canada)

(Residency in British Columbia)

2. I am a resident of British Columbia (please X one):

- Yes** Residency address: _____

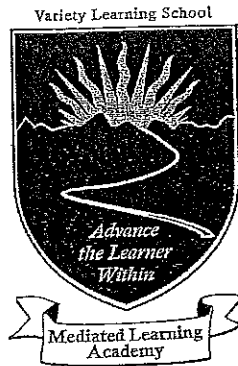
(Attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc)

- No** I am not a resident of British Columbia

Confirming signatures:

3. Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____



550 Thompson Avenue
Coquitlam, BC V3J 3Z8
(604) 937-3641 FAX (604) 931-5155

CONFIDENTIAL FILE REQUEST

Date: _____

To: _____
Name of school

Attn: _____

Fax: _____

I, _____, hereby give my written
Name of Parent/Guardian
consent to have all records, including confidential information for my
child, _____, whose date of birth
is _____, transferred to:

**Mediated Learning Academy
550 Thompson Avenue
Coquitlam, BC V3J 3Z8**

Signature of Parent/Guardian

Date

Address of Parent/Guardian



Mediated Learning Academy
550 Thompson Avenue
Coquitlam, BC
V3J 3Z8
www.mediatedlearningacademy.org
Phone: 604-937-3641 Fax: 604-931-5155

Dear Parents and Guardians,

From time to time we have pictures taken at school. These pictures may be ones that we take for in school use or other people take for promotional purposes.

Please sign the picture release form below and return ASAP.

Thank you,

Kathleen Jeffrey,
Principal

PHOTO CONSENT/RELEASE

Please select:

- I/we **ARE WILLING** for our child to be photographed
- I/we **ARE NOT** willing for our child to be photographed

STUDENT'S NAME: _____

I, being a parent or lawful guardian of the student, do hereby consent to the participation of the student in activities conducted by the Mediated Learning Academy and authorize the reproduction or publication of any photographs or video tapes taken of the student or written/pictorial materials prepared by the student for publicity purposes.

Parent/Guardian _____
SIGNATURE _____

DATE _____

Parent/Guardian _____
SIGNATURE _____

DATE _____



Mediated Learning Academy

EMERGENCY CONTACT FORM

STUDENT NAME: _____

ADDRESS: _____

PHONE #: _____

DATE OF BIRTH: M _____ D _____ Y _____

CARE CARD # _____

PARENTS NAME: _____

Home # _____ Cell # _____

EMERGENCY CONTACT (other than parent) _____

Relationship: _____ Home# _____ Cell# _____

EMERGENCY CONTACT (other than parent) _____

Relationship: _____ Home# _____ Cell# _____

EMERGENCY CONTACT (Out of Province) _____

Relationship: _____ Home# _____ Cell# _____

DOCTOR: _____ Ph# _____

DENTIST: _____ Ph# _____

ALLERGIES: _____

PARENTS SIGN: _____ DATE: _____

Note: For New Registering Students, please send in a photo-copy of Care Card, picture of child, and Birth Certificate with this form. Thank You!

**MEDIATED LEARNING ACADEMY
OCCUPATIONAL THERAPY**

Dear Parents / Guardians

Occupational therapy provides assessment, consultation and treatment of student's entering the Mediated Learning Academy. The assessment process looks at the child's ability to process sensory information, to co-ordinate gross and fine motor skills, and to process visual information. These components form part of the foundation skills required for success in reading, writing, math and other academic skills in the classroom. An assessment of activities of daily living will be included when appropriate.

With your **verbal consent**, your child will be assessed by an OT. However **written permission** is required for OT treatment. Once the assessment is complete, you will have the opportunity to discuss results and treatment, if recommended. This may take the form of a face to face meeting or through telephonic means.

We look forward to meeting with you and your child. Please complete the occupational therapy consent form and return it to the school .

Kind regards

Jacqui Soll, Rachelle Thomas, Kathie Obergfell, Luc Jeanneau
The Occupational Therapy Team

CONSENT FOR OCCUPATIONAL THERAPY

I, parent/guardian _____ give consent for my child _____ to receive occupational therapy. I confirm that I understand how OT will apply to my child. I understand that this consent will be valid until my child is discharged from therapy. Should there be a significant change to my child's program, I understand that I will be advised of this change telephonically.

Initial: _____

I understand that I may withdraw my consent at any time.

Initial: _____

I understand that my child may be included in groups that are run by the occupational therapy department. Should the primary therapist need to change, the new therapist will contact you.

Initial: _____

I understand that the OT will consult to teachers, support staff and other multi-disciplinary members in the school. This will involve sharing relevant information to ensure greater inclusion and adaptation of my child's program.

Initial: _____

The Mediated Learning Academy is a placement site for occupational therapy students. I understand that an OT student may, under supervision, see my child. From time to time, my child may work with a volunteer under and occupational therapist's supervision.

Initial: _____

Name of Parent / Guardian: _____ Signature _____

Name of Therapist: _____ Signature _____

Date: _____