

2018-2019 HIGH SCHOOL APPLICATION FORM

FAMILY INFORMATION		
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian - Relationship to Student:		
First Name	Last Name	
Home #	Work #	Cell #
Email Address	Occupation	Employer
Street Address	City	Postal Code

FAMILY INFORMATION		
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian - Relationship to Student:		
First Name	Last Name	
Home #	Work #	Cell #
Email Address	Occupation	Employer
Street Address <i>(if different from above)</i>	City	Postal Code
Child lives with: <input type="checkbox"/> Both parents/guardians, same household <input type="checkbox"/> Both parents, joint custody <input type="checkbox"/> One parent or guardian only. Please specify _____ <i>Please attach any legal orders or custodianship documents.</i>		

EMERGENCY CONTACTS (in addition to parents/guardians)		
Name	Phone Number	Relationship
Name	Phone Number	Relationship

STUDENT HEALTH AND WELLNESS
Allergies Does your child have diagnosed allergies? <input type="checkbox"/> Yes Please list: What symptoms does your child show when a reaction occurs?

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STUDENT HEALTH AND WELLNESS CONTINUED
Please indicate treatment protocol in the event of an anaphylactic allergic reaction: Epi-Pen: <input type="checkbox"/> Junior <input type="checkbox"/> Adult <input type="checkbox"/> Other - please explain:
Additional Health Considerations
Does your child wear a Medical Alert bracelet? <input type="checkbox"/> Yes - reason:
Is your child taking prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Please list any other medical, mental health, or physical conditions, diagnoses, or concerns that the school should be made aware of:

Please complete each section by having both parents/guardians provide their first and last initial in the appropriate box. We cannot accept an X or a checkmark in lieu of initials.

WAIVERS/CONSENTS				
We/I hereby give consent/permission for:	Yes	Yes	No	No
Our/my child to participate in school sponsored field trips or programs held outside of school				
Our/my child to be transported by bus to and from field trips and activities held outside of school				
Gray Academy to photograph, copyright, publish, and/or use our/my child's likeness, in whole or in part, for reproduction in any print or online communications which may include school advertising, school produced materials and social media				
Gray Academy to publish our/my child's name, our/my name(s), addresses, phone numbers and email addresses in the Gray Academy school directory for the purpose of facilitating social connections amongst families and students				
Gray Academy and The Winnipeg Board of Jewish Education to send to me/us information by electronic transmission (email) and otherwise, in the form of newsletters, school updates and announcements. It is acknowledged that this consent is given for the purpose of Canada Antispam Legislation				
Our/my child to leave the Asper Jewish Community Campus during lunch or a free period				

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Please sign in each of the sections below to evidence your consent and agreement to each of the following, as part of the consideration for the enrollment of your child in Gray Academy (both parents/guardians are required to sign in each box):

EMERGENCY MEDICAL ASSISTANCE	
<p>We/I hereby authorize The Winnipeg Board of Jewish Education operating as Gray Academy (“Gray Academy”) to give and/or obtain emergency medical assistance for my child in the event that we/I cannot be reached, including that our/my child may be given emergency treatment by a staff member at Gray Academy. Gray Academy will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstances allow. We/I hereby release and agree to hold harmless all staff, officers, directors and trustees of Gray Academy (The Winnipeg Board of Jewish Education) of and in respect of any claims, suits and demands, which we/I and/or our/my child may have, and from any injury, damages or death our child may incur or sustain, in respect of any such treatment sought or administered in good faith. We/I also give permission for my child to be transported by car or ambulance to a hospital.</p>	
Signature of parent/guardian:	Date:
Signature of parent/guardian:	Date:

CODE OF CONDUCT	
<p>We/I acknowledge and agree that foundational to a safe and caring learning community are the rights of all members to be safe, accepted and treated with dignity and respect and to learn without interference. We/I confirm that we have read the code of conduct of Gray Academy which forms part of the family handbook (found at grayacademy.ca and available from Gray Academy administration on request) and agree to be bound by, promote and to abide by its terms. We/I also acknowledge and agree that we/I will remain responsible for our child’s compliance with the said code of conduct including, without limitation, for compliance with the provisions against bullying and harassment. We/I acknowledge and agree that failure to abide by the code of conduct by either ourselves and/or our child may result in suspension and/or expulsion of our child from Gray Academy. We/I also agree to indemnify and hold Gray Academy (The Winnipeg Board of Jewish Education) and its staff, teachers, directors, officers and trustees harmless from and against any liability, damage, loss, claim, suit, proceeding, cost or expense brought or made against them, or suffered or incurred by them, resulting from our and/or our child’s noncompliance with the code of conduct.</p>	
Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date
Signature of Student	Date

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PRIVACY

We/I hereby consent to the collection and use of our and our child's personal information by Gray Academy (both in this form and in all financial enrollment forms and bursary application forms and supporting information submitted by us from time to time), for the purposes of communicating with us/me, for providing and administering educational services, for determining eligibility for any bursary assistance applied for and, in circumstances of non-payment of parental contributions, for collection purposes. We/I hereby consent to the sharing of such personal information with the Gray Academy Parent Advisory Committee so that such committee may also communicate with us/me.

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

STUDENT EDUCATIONAL INFORMATION

School History

Please list prior schools attended

Dates of Attendance (from-to)	School Name	City & Province	Grade Completed

Attendance and Behaviour

Has your child been suspended or removed from school? Yes No

Has your child displayed behavioural challenges at school? Yes No

If yes, please explain:

Language

At what age did your child begin to speak?

Has your child received instruction in Hebrew? Yes No

Has your child received instruction in French? Yes No

Hearing & Vision

Does your child:

Have difficulty hearing? Yes No

Wear a hearing aid? Yes No

Wear glasses? Yes No

School Support Services

Does your child require assistance to support his/her learning? Yes No

If yes, please indicate services being received:

- | | | |
|---|--|--|
| <input type="checkbox"/> Resource Teacher | <input type="checkbox"/> Guidance Counsellor | <input type="checkbox"/> Educational Assistant |
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Other (please specify): | |

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STUDENT EDUCATIONAL INFORMATION CONTINUED

Reason for Support:

Does your child have an Individual Education Plan (IEP)? Yes No

If yes, please attach a copy of the IEP to this application.

Additional Support Services

Does your child require, or have a history of receiving services, from the following:

	Dates of Service
<input type="checkbox"/> Speech Language Pathologist	
<input type="checkbox"/> Reading Clinician	
<input type="checkbox"/> Psychiatrist	
<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Audiologist	
<input type="checkbox"/> Occupational Therapist	
<input type="checkbox"/> Child Development Clinic	
<input type="checkbox"/> Other (please specify):	

Enriched and Supplementary Learning

Is your child currently receiving enriched or supplementary learning at school? Yes No

If Yes, please provide details:

Is your child attending classes or programs outside of school to enrich his/her academic learning?

Yes No

If Yes, please provide details:

Please list your child's special interests or talents:

Does your child have friends who are currently attending Gray Academy? Yes No

If yes, please specify the names of:

Friends in the same grade:

Friends in other grades:

Please provide any additional details regarding your child's education that the school should be aware of.

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STUDENT EDUCATIONAL PROFILE	
<p>At Gray Academy, understanding and supporting the individual needs of each student is our primary concern. To enable us to do so, it is important that we have a complete understanding of your child's social and academic skill development prior to acceptance.</p> <p>Please provide the full name and email address of <i>one</i> person employed at your child's current school with whom our Department of Admissions can contact to provide a written assessment of your child. The referee will be asked to complete this assessment by Friday, March 28, 2018.</p>	
First and Last Name of Referee	Position
Name of Current School	City, Province
Referee's Email Address	

We/I, the parents/guardians, hereby give the Director of Admissions at Gray Academy permission to contact the above-named referee to request a written assessment of our/my child's learning and development. We/I have made contact with the referee and advised him/her that we are submitting an application for our child's admission to Gray Academy for the 2018-19 academic year.

We/I hereby waive our/my rights to access this assessment and authorize the above-named referee to provide an evaluation and all relevant information to the school for the purposes of our/my child's application to attend Gray Academy of Jewish Education. We/I am aware that this information will be kept confidential and that the referee (or a school representative) will send the required information directly to the Department of Admissions at Gray Academy.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

CERTIFICATION	
<p>We/I the parents/guardians declare that the information submitted in the application form and in all supporting documentation is true and complete in all material respects. We/I jointly and severally agree to pay the parental contribution and other fees pertaining to the enrollment of our child in Gray Academy, in accordance with the financial enrollment form(s) submitted herewith. We/I understand and agree that no school records (academic and/or health), report cards, or diplomas will be released if there is an outstanding balance on the student's account.</p>	
Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

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Providing this information is voluntary and optional.

ABORIGINAL/INDIGINOUS DECLARATION

Manitoba Education and Training mandates all schools to include the Aboriginal Identity Declaration (AID) within the school enrollment forms. This information is collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act (FIPPA) as it is necessary for and relates directly to the activity of Manitoba Education and Training and schools to plan, deliver, and improve programs.

Please check only one of the following identities, if it applies to your child (these include Status and Non-Status Indians):

First Nation Metis Inuk (Inuit)

If you have selected an Aboriginal/Indigenous identity, please check up to two of the following cultural-linguistic identities that best describe your child:

<input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux)	<input type="checkbox"/> Ininiw (Cree)	<input type="checkbox"/> Dene
<input type="checkbox"/> Dakota	<input type="checkbox"/> Oji-Cree	<input type="checkbox"/> Michif
<input type="checkbox"/> Inuktitut	<input type="checkbox"/> Other (Please specify):	