Registration Date:		New Student 🗌	Returni	ng Stude	
Class for September 2014:	Kindergarten: Su	n. – Thurs. 8:00am – 2	:00pm		HE T
	Primary: Sat. – The	urs. 8:00am – 3:00pm			
	ANADIAN ACA				
Serraj Road Serraj Tripoli, Libya				Email:	e: +218 92 6978513 info@canadian.ly www.canadian.ly
Student's Name:					
Boy Girl	Birth Date:	/ Day	Month	/	Year
Country of Birth:	F	Primary Language spol	ken at home	:	
<u>Contact</u>					
Address:			City:		
Phone #:			Alt #::		
Mother					
Name:		Compan	/:		
Cell #:	Company #:	Er	nail:		
Father					
Name:		Compan	y:		
Cell #:	Company #:	Er	nail:		
<u>Siblings</u> :					
Name;			Grade:		
- Name:			Grade:		

EMERGENCY	& HEALTH INFORMATION
Emergency Contact - (alternative person to co	ontact in case of emergency, if parents unavailable)
Name	Relationship to child
Home Phone Number	Cell Phone/Other Phone Number
Child's Personal Health #:	
Family Doctor:	Doctor's Phone #:
Please list any medical concerns that the school need needs, learning disabilities, etc.:	Is to be aware of, including allergies, medications, psychological and/or physical special
	on confirming your child's dates of immunization.
Please provide a photocopy of documentation	on confirming your child's dates of immunization. My child has no allergies
Please provide a photocopy of documentation Allergy Information (where applicable) t is the <u>parents' responsibility</u> to provide allergic reactions. Please ensure that the	My child has no allergies guidance to the school with respect to the prevention of and treatment school office and your child's teachers have received specific instruction
Please provide a photocopy of documentation Allergy Information (where applicable) It is the <u>parents' responsibility</u> to provide a allergic reactions. Please ensure that the PRIOR to your child attending classes in Se	My child has no allergies guidance to the school with respect to the prevention of and treatment school office and your child's teachers have received specific instruction
Please provide a photocopy of documentation Allergy Information (where applicable) It is the <u>parents' responsibility</u> to provide a allergic reactions. Please ensure that the PRIOR to your child attending classes in Se My child's allergies are <u>NOT life threatening</u> . H	My child has no allergies guidance to the school with respect to the prevention of and treatment school office and your child's teachers have received specific instruction ptember.
Please provide a photocopy of documentation Allergy Information (where applicable) It is the <u>parents' responsibility</u> to provide a allergic reactions. Please ensure that the PRIOR to your child attending classes in Se My child's allergies are <u>NOT life threatening</u> . H My child's allergies <u>ARE LIFE-THREATENING</u> <u>IF YOUR CHILD SUF</u>	My child has no allergies
Please provide a photocopy of documentation Allergy Information (where applicable) It is the <u>parents' responsibility</u> to provide a allergic reactions. Please ensure that the PRIOR to your child attending classes in Se My child's allergies are <u>NOT life threatening</u> . H My child's allergies <u>ARE LIFE-THREATENING</u> <u>IF YOUR CHILD SUF</u> <u>IT IS ESSENTIAL THAT YOU COM</u>	My child has no allergies
Please provide a photocopy of documentation Allergy Information (where applicable) It is the <u>parents' responsibility</u> to provide a allergic reactions. Please ensure that the PRIOR to your child attending classes in Se My child's allergies are <u>NOT life threatening</u> . H My child's allergies <u>ARE LIFE-THREATENING</u> <u>IF YOUR CHILD SUF</u> <u>IT IS ESSENTIAL THAT YOU COM</u>	My child has no allergies
Allergy Information (where applicable) It is the <u>parents' responsibility</u> to provide a allergic reactions. Please ensure that the PRIOR to your child attending classes in Se My child's allergies are <u>NOT life threatening</u> . H My child's allergies <u>ARE LIFE-THREATENING</u> <u>IF YOUR CHILD SUF</u> <u>IT IS ESSENTIAL THAT YOU COM</u>	My child has no allergies

Child Custody Information (if applicable)



Name of parent who has legal custody of child

Name of other parent

Custody / access restrictions (if applicable)

If there is a Custody Order, Restraining Order or any other Order in place that pertains to the custody and/or access of the child, a copy of the Order(s) is to be attached to this Application Form.

Privacy Act

I consent to having Canadian Academy of Libya collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Canadian Academy of Libya (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Canadian Academy of Libya, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Canadian Academy of Libya's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Canadian Academy of Libya.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information you may contact the school's Principal.

I consent to the following (please check applicable boxes below):

Class List (My child's name, address and phone number included on the "Class List" for his/her grade)

I consent to photographs and work samples of my child to be used in:

Yearbook/Scrapbook Newsletter/Website/Promotional Material In-school Parent Presentation * We regularly post pictures and photos on our Facebook Page: <u>https://www.facebook.com/pages/Canadian-Academy-of-Libya/257244717720661</u>

Signature of Parent or Guardian

Date

PARENT AGREEMENT

I, the undersigned, agree to the following:



- 1. To enroll my child at Canadian Academy of Libya for the current school year.
- 2. To provide the school with all fees and tuition payments prior to the dates they are due.
- 3. I understand that there is no tuition refund on any of the payments made to Canadian Academy of Libya for the current school year, which includes the enrolment fee and the annual service charge.
- 4. When arriving at school, to deliver my child **<u>on time</u>** and directly to a staff member, and not to take my child from school without informing a staff member, and to pick up my child **<u>on time</u>**.
- 5. To notify the school in advance if any person other than the parent/guardian is picking up my child.
- 6. To advise the school if there are any changes in the family relationship, including any changes to the custody/access of the child.
- 7. I understand that absences due to illness or holiday and school closures due to severe weather conditions and/or natural disasters are not exempt from payment.
- 8. To keep my child from school if there is any question of illness; to notify the school about any serious illness; and to call the school if my child will be absent from school.
- 9. That permission is granted to call a physician or ambulance in case of an accident.
- 10. The school reserves the right to release a child if the school decides it is best for the child and/or the school.
- 11. To ensure that your child has a positive school experience, <u>there will be a phase-in schedule for the</u> <u>month of September</u>. A copy of the schedule will be provided to you before September.
- 12. To purchase the school uniform and to be sure that my child wears their uniform to school.

Parent or Guardian Signature

Date

I hereby certify that all the information given regarding my child's registration is deemed complete and correct.

Signature of Parent or Guardian

Date

	FEE STRUC	ademy of Libya TURE FOR ALL CLASSES ool Year 2014/2015	
Annual Tuition			
<u>Kindergarten:</u> Primary:		<u>LYD 5.500.00</u> LYD 7.500.00	
Enrolment Fee (New Annual Service Cha	<u>y Students Only):</u> rge (All Students):	LYD 250.00 LYD 250.00	
Enrolment Fee (n *Returning studer discounts include: - Families Tuition Payments D Key Dates: 1st Day of S Winter Brea Term 2 Begi	nts & families with more than (with 2 or more children enrol Que: <u>1. Oct. 19t^h, 2014</u> – 50% <u>2. Dec. 19th, 2014</u> – 50%	rvice Charge are due immediately on reg one children will be entitled to discounts led: 10% discount per child al Service Charge Due on Registration	
			AND ADEAD OF

PAYMENT TERMS & CONDITIONS

- 1. Acceptance of a child for entry is at the discretion of the school. A child must satisfy the Head Teacher (by taking an entry test or by other such means as she shall require) that his or her level of work and behaviour have reached the School's required standard.
- 2. The school reserves the right to alter the fees from time to time. Parents will be notified in advance.
- 3. All fees are payable in full in advance by no later 10 days from the date they become due. The school reserves the right to charge an administration fee of 5% on all invoices and reminders on fees not paid by the due date. The school may look to either parent for payment of fees.
- 4. In the event of the fees remaining unpaid, the school reserves the right to remove the pupil's name from the register forthwith.
- 5. At least a full month's period prior notice in writing given not later than the first day of the month is required before the removal of a child from the School. Unless such notice is given, the payment of full fees will be required in all cases. Fees will also be payable if, after acceptance of a child for entry, s/he does not enter at the agreed time and the school does not receive at least one month's prior notice of such a decision.
- 6. The school reserves the right to require the removal (permanent or temporary) of a child at such time (whether immediate or subsequent) as the Head Teacher may stipulate if, in her opinion, the interests of the school demand it. A pro-rata proportion of fees, less an administration charge, may be refunded in such circumstances.
- 7. Payment of invoices in respect of extras for students who have left the school is due immediately.
- 8. No remission of fees for the whole or any part can be allowed by absence through illness, infection or any other cause. Parents may consider taking out insurance against such eventuality.
- 9. Only Cash will be accepted

We understand and agree to these payment terms and conditions and to the disclosure of any confidential information to any third parties as may be required to process the payments, in accordance with Canadian Academy of Libya rules.

Dated this	day of	, 20	
Authorized Signatory (signature)		Name (please print)	
Authorized Signatory (signature)		Name (please print)	



Canadian Academy of Libya

Fostering the Creative Child

LEGAL RESIDENCY OF PARENT - FORM A

This form is required by the school to be completed and submitted, together with all necessary documentation, at the time of registration.

This form is not required if it has been previously completed and all documentation has been provided to Canadian Academy of Libya.

*** PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE. ***

To be completed and signed by <u>ONE</u> parent or legal (court appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

1			

<u>I am lawfully admitted to Libya (please $\sqrt{}$ one):</u>

Libyan citizen born in Libya, please provide Family Booklet/documentation

Libyan citizen not born in Libya (please attach a photocopy of citizenship paper/card)

Permanent Resident (please attach a photocopy of valid documentation)

- Lawfully admitted to Libya under one of the following documents (please mark the appropriate box below and attach a photocopy of documents):
 - ··· Employment authorization (working permit) issued for one year
 - ··· A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - ··· Other Document description: _____

2. Residency of Tripoli (please $\sqrt{}$ one):

Yes: Residency address:

No: I am not a resident of Tripoli

3. Confirming Signature:

Parent/s Legal Guardian's Name

Parent/s Legal Guardian's Signature

Date:



CANADIAN ACADEMY OF LIBYA Fostering the Creative Child PERMISSION FORM 2014-2015

	(63
8478	
LAAMA	

Date: _____

Student Grade:

I hereby give permission for my child, _____

Student's Name

to participate in the following activities at Canadian Academy of Libya, to be transported to and from these activities by the bus company that Canadian Academy of Libya contracts with, and to be transported short distances by Canadian Academy of Libya staff.

Students are always accompanied by their teacher, or a Canadian Academy of Libya Staff Member, when leaving the school premises during school hours.

BUS TRANSPORTATION

Where students participate in events off the school premises they are transported by a professional bus company. Occasionally, if there is a small group of students to transport to a local facility, students may be transported in Canadian Academy of Libya Staff vehicles.

PE CLASSES

Physical Education classes are held outside the school buildings/villas within the school grounds. There are three primary play areas: 2 each are adjacent to each building/villa, and there is a large play area in the front of the property. Students also have an opportunity to play outside during recess and at other times, as appropriate.

COMMUNITY PARKS, BUSINESSES, CULTURAL FACILITIES

On occasion, students also visit other facilities within the community. One example of these might be a visit to a local grocery store as part of a health and nutrition unit

DISMISSAL AWAY FROM THE SCHOOL

In most cases, students will travel to and from the above facilities by the methods of transportation mentioned. On some occasions, students will be dismissed directly from these facilities. Parents will be notified in advance if this is the case.

Please note that if parents do not arrive to pick their child up within the 10 minute dismissal time, the students may return to the school with one of the teachers. <u>This should only occur in the case of an</u> <u>emergency where the parent is unable to arrive promptly at pick-up time</u>.

Parent or Guardian Signature

Date