



Simplifying **Education**

VEDANTA APPLICATION PROCEDURE

(Please complete one application for each student)


Date of Application:/...../.....
dd mm yy

At Vedanta Academy, it is important that we provide the right fit for your child. Your child's eligibility for enrollment will be determined after a three-day student trial, needs assessment; a personal interview and document review have been completed. You will be notified by mail or phone as soon as possible regarding your child's acceptance for enrollment.

Please send:

1. This completed application
2. A \$75.00 Application Processing fee
3. A \$200.00 One-time Registration fee (Refundable if child is not accepted)
4. A Copy of
 - Your child's Birth Certificate
 - Care Card
 - Parent Drivers License
 - Parent Care Card
 - Information on IEP's or Psych Ed Reports (if applicable)
 - Immunization Records

To: Admissions
Vedanta Academy
1180 Houghton Rd.
Kelowna, BC V1X 2C9



Please attach a
current picture of
your child

Please Note: For students requiring assessments, testing or meetings with our Special Education team an assessment fee of \$250.00 will be charged. In some instances a Psychological Education Assessment may be required at an additional cost of \$350.00.

1. Read the attached Admissions Application thoroughly.

Complete and return the application with all necessary fees

2. Once the registration package is received you will be called to arrange an appointment to discuss your child's school history and the assistance that Vedanta Academy might provide; while touring the school facilities. This is a parent only interview.

****Remember to bring all past progress reports and any psychological/educational documents pertaining to your child.**

3. An appointment will be booked for a student needs assessment and 3 day trial. This trial will allow both Vedanta and you, the parent to make an informed enrollment decision. At the commencement of the 3-day trial you will be contacted to determine enrollment acceptance.

Wait List:

If necessary a student's name may be placed on the waiting list before the enrollment process has been completed. A \$200.00 registration deposit secures a space on our priority waiting list. A position on the waiting list does not guarantee placement. Placement is dependent upon fit and availability. When spaces become available, we notify families based on the date that the original deposit was received and the appropriateness of the position.

Student Information

Full Name:
First Middle Last

Applying for: School Year:/..... Going into Grade _____

Date of Birth:/...../..... Age _____ Sex: M F
dd mm yy

Citizenship: Canadian Citizen Landed Immigrant Other– please specify:

EDUCATION

Present School: Phone #:

Address: Date of Entrance:
Street City Postal Code

PARENT & FAMILY INFORMATION

Student resides with: Both Parents Mother only Father only Guardian

Correspondence should be sent to: Both Parents Mother only Father only Guardian

MOTHER OR FEMALE GUARDIAN

Full Name:
Ms./Mrs./Dr First Last

Address:
Street City Postal Code

Home Phone: Cell Phone: Work Phone:.....

Occupation..... E-mail:.....

FATHER OR MALE GUARDIAN

Full Name:
Mr. /Dr. First Last

Address:
Street City Postal Code

Home Phone: Cell Phone: Work Phone:.....

Occupation..... E-mail:

Medical Information

List all Allergies:..... BC Care Card#.....

Emergency Contact:..... Ph#.....

Is the child currently subject to any of the following? (Please check all that apply)

- Arthritis, Asthma, Bed wetting, Bronchitis, Convulsions, Ear Trouble, Fainting, Hysteria, Hay fever, Frequent Colds, Kidney trouble, Menstrual Cramps, Migraines, Motion Sickness, Nightmares, Nosebleeds, Skin Disease, Sleepwalking, Tonsillitis, Weak Joints

Please give details of usual treatment should condition indicated occur:

.....

Please list conditions such as diabetes, epilepsy or heart trouble which staff should be fully aware of. Specify details of medication or treatment if necessary:

.....

Please list any medication, which the child is taking on a regular basis:

.....

Check any of the following illnesses, or operations your child has had.

- Heart Disease, Hepatitis, Mononucleosis, Pleurisy, Rheumatic Fever, Tuberculosis, Poliomyelitis, Pneumonia, Appendectomy, Tonsillectomy

List illnesses, recent operations or injuries not included in this list; and operations that have been advised:

.....

Please advise if your child wears a medic-alert bracelet and specify for which allergy and or condition:

.....

Has your child ever attended a specialist in any of the following areas?

- Counseling, Physiologist, Psychiatrist, Specialist

If yes, please indicate the reasons why, and provide any and all supporting documents:

.....

Name of attending Physician/s: Ph#.....

Address: Street City Postal Code

**As the parent/guardian of the child, I hereby authorize the school to secure such medical advice services, and documentation as may be deemed necessary for the health and safety of myself, or my child (or ward):

Parent/Guardian Signature:..... Date:.....

PARENT QUESTIONNAIRE

Please answer the following questions:

1. What do you consider to be the most important qualities in the school your child attends?
.....
.....
2. What are your child's strength and weaknesses, academic or otherwise? (Sports, art, community service...)
.....
.....
3. How does your child acknowledge his/her learning needs?
.....
4. What significant qualities does your child possess to which our school should be particularly sensitive?
.....
.....
5. What areas of your child's learning would benefit from enrichment activities?
.....
.....
6. What types of activities do you enjoy as a family? Please list your child's hobbies and after school activities (Including after school employment)
.....
.....
7. Have there been any traumatic events in your child's life? If yes, please explain.
.....
.....
8. Has your child had extended absences from school? If yes, please explain.
.....
.....
9. How does your child feel about attending a private school? If there are any concerns please elaborate.
.....
.....
10. Is discipline an issue at home or school? If yes, explain.....
.....
11. Has your child experimented with drugs? If yes, explain.....
.....
11. A) Has your child ever received treatment for drug or alcohol abuse?.....
.....
11. B) Has your child been involved in prolonged drug use?..... If yes which ones?.....
.....
12. Has your child ever been hospitalized?.....Name of facility.....
Reason:
13. Are there any physical limitations that will require specialized equipment or services for your child?
.....

PARENT QUESTIONNAIRE (continued)

Please answer the following questions:

14. To whom does your child relate best with and why?

.....

15. Whom may we contact for further information on your child?

.....

16. How did you hear about Vedanta?

.....

17. Why have you selected Vedanta Academy?

.....

.....

17. a) What are your expectations for your child while attending Vedanta Academy?

.....

.....

18. Please list any additional info you wish to share.

.....

.....

19. Do you believe in offering your child real choices in his/her life? If yes, please give a few examples.

.....

If no, do you have a problem with us teaching your child to make choices?

20. Please rate your child on the following qualities:

Cooperation	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Motivation	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Concentration	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Self Discipline	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Intellectual Curiosity	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Creative ability	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Responsibility	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Leadership	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Peer Relationships	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Making Choices	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Finds Role Models	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Team Player	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Works Independently	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>
Reading Ability	excellent	<input type="checkbox"/>	average	<input type="checkbox"/>	poor	<input type="checkbox"/>

EDUCATION HISTORY

Student entered first Grade on _____ at age _____
Month/Year

Circle any grades that your child may have repeated. Be as specific as possible as to programs and progress.

Grade	Years Attended	School Name/Location	Program (Regular class, minimal assistance, full time assistance...)	Please detail your child's Progress i.e. (Satisfactory, passing, excelling...)
Kindergarten /			
Grade 1 /			
Grade 2 /			
Grade 3 /			
Grade 4 /			
Grade 5 /			
Grade 6 /			
Grade 7 /			
Grade 8 /			
Grade 9 /			
Grade 10 /			
Grade 11 /			
Grade 12 /			

Please Read Carefully and Sign

The full disclosure of your child's history of needs, especially those organically or emotionally based difficulties, which may have necessitated the use of medication or therapeutic intervention, is essential to making sound admissions decisions and to arrange necessary supports for success within our program. It is also critical for us to know of any learning or behavioral difficulties prior to enrolment so that education plans can be put in place. If the disclosure of pertinent information is not made until after admission, a decision could be made subsequently that your child's placement is not suited to the available support or the Academy. We encourage confidential but open dialogue throughout the admissions process so that we can be assured that Vedanta Academy will develop a program to maximize your child's opportunities for success.

Signature: _____ Date: _____

EDUCATIONAL SERVICES SCREENING INVENTORY

We ask that you indicate if the item below is true (T) or false (F) or unknown (U) about your child.

1. My child is ambidextrous (neither hand is dominant).
2. My child is cross dominant (dominant hand, eye and foot are on opposite sides of the body).
3. My child confuses time concepts, “forgets” how to find his/her way around.
4. My child confuses left and right or shows reversals in reading and writing.
5. My child has difficulty matching identical forms, letters, words, etc. or in seeing likenesses and differences.
6. My child has poor manual dexterity or pencil/crayon or scissor work.
7. My child is generally awkward or clumsy or has balance problems.
8. My child has immature speech, articulation or sentence structure.
9. My child has difficulty distinguishing between similar sounds or similar sounding words.
10. My child has difficulty finding the exact word he/she wants to use.
11. My child has difficulty recalling or relating precisely a past event or sequence.
12. My child seems to misunderstand the obvious intent of simple statements or questions.
13. My child is a poor listener or instruction follower or has a very short attention span.
14. My child learns much easier (and within the average range) in some subjects but not in others.
15. My child is far below (30% or more) his/her age mates in all academic areas.
16. My child learns very slowly but shows relatively steady growth in all subjects.
17. My child only uses/understands words more typical of much younger children.
18. My child obtained a score of 75 or less on an IQ test.

Thank you for your time and attention in completing these forms carefully.

EDUCATIONAL SERVICES SCREENING INVENTORY (Continued)

19. My child has an immature fund of general, everyday information about the world.
20. My child seems socially immature.
21. My child intentionally tries to harm or hurt other children or animals.
22. My child argues or fights with little provocation.
23. My child defies rules openly.
24. My child shows a lack of respect for authority.
25. My child seems disruptive or pushy or throws temper tantrums.
26. My child seems uncooperative or rowdy in group settings or activities.
27. My child will not often initiate or join activities with others on his/her own.
28. My child withdraws from peers or tries to keep separated from peers.
29. My child seems to passively allow him/herself to be ignored, bothered, teased or put down.
30. My child seems overly fearful or reluctant or unwilling to try.
31. My child seems sad, unhappy, depressed or listless.
32. My child seems uncertain or dependent.
33. My child can learn in most areas when interested but usually does not choose to do so.
34. My child does not seem to value grades or schoolbook knowledge.
35. Our family has moved frequently.
36. My child appears to have little interest in non-school activities.
37. My child uses non-typical vocabulary or inaccurate grammar.
38. My child has a history of truancy or school phobia or repeated tardiness.

Thank you for your time and attention in completing these forms carefully.

FREEDOM OF INFORMATION AND PRIVACY ACT

The Freedom of information and Protection of privacy legislation came in effect for schools in the fall of 1984.

To ensure that the legislation is complied with, we ask that you please read the following information carefully and complete the form.

There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or plan school related activities. The school will normally make your name, home address and telephone number as well as the child's name and grade and or photograph of your child available to school personnel, volunteers or others responsible for organizing these types of activities. Your name will not be disclosed to anyone for business or commercial purposes.

Please check the appropriate box:

I agree to the release of my personal information for purposes consistent with the above.

I do not agree to the release of my personal information for purposes consistent with the above.

To promote various educational, sports and cultural events taking place here at the Vedanta Academy and where school field trips may take us we would like to be able to photograph individual students and or groups of students to commemorate events. While photographs add to the community life of our school, they are not required for educational purposes. Students' names, photographs and comments may be published in the school's yearbook, newsletter, and annual report or in the news media.

Please check the appropriate box:

I agree to the publication of my child's name, photograph and comments for purposes consistent with the above.

I do not agree to the publication of my child's name, photograph and comments for purposes consistent with the above.

I understand that signing this form will cover such circumstances for the duration of my child's enrollment with Vedanta Academy.

Student's name: _____

Signature: _____ Date: _____

Parent/Legal Guardian

PARTICIPATION, RELEASE AND INDEMNIFICATION FOR LOW-RISK ACTIVITIES

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN FOR EACH STUDENT UNDER THE AGE OF 18, OR BY THE STUDENT IF AGE 18 OR OVER.

Throughout the school year, students attending Vedanta Academy may be provided the opportunity to participate in educational activities and events that occur during the regular school day and are not situated on school property i.e. Ben Lee Park etc.

Any activity may involve a certain element of risk. Accidents may occur while participating in or traveling to and from such activities. These accidents may cause injury and occur without fault on the part of the School, its employees, agents, or the facility where the activity or event is taking place. In allowing the student to participate, the parent or guardian assumes the risk associated with an accident occurring.

Vedanta Academy does carry a certain amount of accidental insurance on behalf of students, staff and volunteers. All vehicles carrying students carry accident insurance. You may wish to consider purchasing additional personal/medical coverage.

A Low Risk Activity is defined as any activity that occurs during the regular school day, is held in a location away from school property, and is not of an athletic nature beyond normal school Physical Education activities. Some field trip events may include being near or in water such as a stream bank or lakeshore clean up or supervised swimming lessons. Other activities might include moderate hiking and/or walking along or near roadways. Every effort is made to ensure students act in a safe and responsible manner and that risk is kept to a minimum.

Student Name: _____ Grade: _____

ACKNOWLEDGMENT AND PERMISSION – I/We have read the above, and we give permission for the student stated above to attend or participate in any and all Low Risk Activities, as defined above, for which he/she may be eligible. We provide this permission with the assurance that no such event or activity will take place without prior notification being sent to us outlining the nature of the event (or series of events), the date(s) and time(s). At the time of such notification, we reserve the right to refuse permission for the student to attend the particular event. We recognize the potential for injury or property damage, and we agree to assume the risks associated with these activities and events. We also recognize that failure on the part of the student to obey school rules or failing to follow the rules or instructions laid out by teachers, volunteer chaperones, or people helping to stage the event (e.g. theatre ushers, lifeguards, etc.) may result in the student being subjected to disciplinary action.

We understand that these events are part of the school curriculum and expected behavior and attendance is the same as in normal classroom studies. **NOTE: If signed participation is not provided, student will not be permitted to participate.**

RELEASE AND INDEMNIFICATION-In consideration of Vedanta Academy allowing the student to participate in the activities listed above, we hereby agree to release, and hold harmless, the School, the Vedanta Educational Society, its employees, volunteers, agents, heirs, executors, and administrators from actions, causes of action, claims, suits and demands of whatever nature including negligence, except for the gross negligence of the Vedanta Academy or the Vedanta Educational Society, and its employees, volunteers and agents. We understand that this release applies to any injury, loss or damages sustained while participating in or being transported to or from these activities.

In case of serious accident or illness, I/we request the school contact me/us or, if I/we cannot be reached within a reason-able amount of time, the emergency contact and the family doctor, based on the contact information provided to the school.

I/We authorize the school to take whatever immediate action is considered necessary in the circumstance that may include rendering basic first aid, obtaining and following instructions from the family doctor or other licensed health practitioner, and providing or arranging transportation of the student to the nearest health care facility. I/We hereby release the Vedanta Academy, Vedanta Educational Society, its employees, volunteers and agents, from any and all liability for any injury, which may be sustained as a result of providing basic treatment or helping to obtain additional medical treatment.

I/We further agree to indemnify and save harmless the Vedanta Academy, Vedanta Educational Society, its employees, volunteers and agents from actions, causes of action, claims, suits and demands of whatever nature including negligence, except for the gross negligence of the Vedanta Academy, the Vedanta Educational Society and its employees, volunteers and agents, which might be incurred by them as a result of or in relation to any basic or medical treatment provided.

Parent/Guardian: _____ Signature: _____ Date: _____



Appendix A

The following are suggested formats for Student Registration Forms to verify parental/legal guardian lawful admission to Canada and residency in British Columbia. This information should be included in the General Student Record.

LEGAL RESIDENCY OF PARENT - 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 a copy of court order appointing you as legal guardian.

(Lawfully admitted into Canada)

1. I am (please X one):

- Checkboxes for: A Canadian citizen, A landed immigrant, Lawfully admitted to Canada under one of the following documents (with sub-options for refugee claimant, student visa, employment authorization, diplomatic official, and other).

(Residency in British Columbia)

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

- Checkboxes for: Yes (with residency address line) and No (I am not a resident of British Columbia).

Confirming signature:

3. Parent's/legal guardian's name:
Parent's/legal guardian's signature:
Date: