

Dear Student,

## Welcome to City Academy Night School 2011-2012.

Thank you for choosing our school to supplement your day school program.

Attached for your information and action are:

1. **Registration Form** – please print clearly. This information will be used to contact you by phone, by mail or by e-mail.
2. **Request for City Academy to aid in the University Application Process.** This form **must** be completed if you want City Academy to assist you.
3. **Night School Important Dates** – please file these for future reference.
4. **Booklist** (available online) – students are expected to purchase their own texts. These texts must be brought to class on the first day. Books are available at The Bookman (416) 266-5626, Batners Book Store (905) 731-4440 and Alpha Textbooks (416) 461-3542.
5. **Expectations of Students and Evaluation Agreement.**
6. **Smoking Policy and Course Prerequisite Information.**
7. **Invoice** – enrolment in the class of your choice will not be finalised until full fees are received.

\* Numbers 1, 2, 5 and 6 must be completed, signed and returned with payment along with your most recent marks transcript or report card.

**All of these documents must be received at the school before \_\_\_\_\_.**

Your class is scheduled for \_\_\_\_\_ and \_\_\_\_\_ evenings 4:30–7:30.

The first week of class is \_\_\_\_\_.

Your school will be informed that you are enrolled in a credit course at City Academy.

We wish you success in this night school program. If you have any questions or concerns, please call the school at (416) 482-2521.

Yours truly,

Sheila Dever B.A., M.Ed.  
Principal/Owner  
City Academy

# City Academy

Bring your education into focus...

3080 Yonge St, Suite 1000

Toronto, ON

M4N 3N1

Phone: (416) 482-2521

Fax: (416) 482-2496

## Registration Form Night School

Semester: **1** **2**  
(please circle)

Date \_\_\_\_\_

Year: 20\_\_\_\_

### Student Information:

LAST NAME/FAMILY NAME		LEGAL GIVEN NAME (underline preferred name)	
DATE OF BIRTH (YY MM DD)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		HOME SCHOOL
STREET ADDRESS		APT #	CITY
			POSTAL CODE
HOME TELEPHONE #	CELLULAR TELEPHONE #	E-MAIL ADDRESS	

### Parent/Guardian Information

#### Primary Contact

NAME		RELATION TO STUDENT	E-MAIL ADDRESS	
STREET ADDRESS *if different from student		APT #	CITY	POSTAL CODE
HOME TELEPHONE #	WORK TELEPHONE #		CELLULAR #	

#### Secondary Contact

NAME		RELATION TO STUDENT	E-MAIL ADDRESS	
STREET ADDRESS *if different from student		APT #	CITY	POSTAL CODE
HOME TELEPHONE #	WORK TELEPHONE #		CELLULAR #	

### Additional Information:

1. Do you have an IEP? Yes No
  - a. If yes, do you require accommodations? Yes No
    - i. If yes, please submit a copy of the IEP report with this application. If a report is not submitted accommodations cannot be made.
2. Do you have any health concerns of which we should be aware? Yes No
  - a. If yes, please describe: \_\_\_\_\_

Invoices/mail-outs to be addressed to:  primary contact  
 secondary contact

Course to be taken: \_\_\_\_\_  
(course name & course code)

*Below this line for office use only*

<b>INFORMATION</b> Transcript: Y N Fees Received: Y N	<b>ADDITIONAL INFORMATION</b>
---	-------------------------------

**\*\*\* Please be aware that it is the responsibility of the home school to submit marks to universities on behalf of the student. If you would like City Academy to submit marks for you, you must sign and submit this form with the bottom portion clearly completed.**

## Request for City Academy to Aid in University Application Process

I, \_\_\_\_\_, am requesting that City Academy submit my night school  
print clearly  
marks directly to OUAC or out of province universities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

## University Applicant's Questionnaire

1. Name of Day School: \_\_\_\_\_
2. Are you applying to a university in Ontario?    Yes \_\_\_\_    No \_\_\_\_
- a) What is your OUAC reference number? \_\_\_\_\_  
(please print clearly)

**\*Note:** If you have not been issued a reference number, please be aware that it is your responsibility to inform City Academy of this number as soon as you receive it. No action may be taken without it.

3. Are you applying to universities outside of Ontario?    Yes \_\_\_\_    No \_\_\_\_
- a) If yes, please list the universities below:

<p>I. Name of University: _____</p> <p><i>University Contact Information:</i></p> <p>Name of University Contact: _____</p> <p>University Address: _____ _____ _____ _____</p> <p>Application ID Number (if applicable): _____</p>	<p>II. Name of University: _____</p> <p><i>University Contact Information:</i></p> <p>Name of University Contact: _____</p> <p>University Address: _____ _____ _____ _____</p> <p>Application ID Number (if applicable): _____</p>
---	--

**\*Note:** If more space is needed, please attach a separate sheet

## **ANAPHYLACTIC SHOCK**

In reference to Bill 3, otherwise known as Sabrina's Law 2005, new Provincial legislation was enacted January 1<sup>st</sup>, 2006 to protect anaphylactic students in school settings.

"Anaphylactic shock" is a severe allergic reaction, which may be fatal, and it occurs when an allergic individual is exposed to a particular material such as peanut products, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp.

Under this new law, parents/guardians and students are required to supply information on life-threatening allergies. For us to meet this requirement of the Act, please complete the information below.

Name of Student: \_\_\_\_\_

a) Does your child have any life-threatening allergies? \_\_\_ Yes \_\_\_ No

b) If your answer to the above question was YES

(i) please list on the line below the substance(s) (food, insect, etc) to which your child is allergic

\_\_\_\_\_

(ii) Has a medical doctor advised that your child may require epinephrine, adrenaline, EpiPen or Twinjet for use at school?

\_\_\_ Yes \_\_\_ No

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

July 19, 2011

## Important Dates

### Night School

2011-2012

4:30<sub>PM</sub> – 7:30<sub>PM</sub>

#### Semester 1: September 19 – January 19

Monday September 19  
Tuesday September 20  
Thursday September 29  
Week of Monday October 3 – Thursday October 6  
Monday October 10  
Week of Monday November 7 – Thursday November 10  
Week of Monday December 5 – Thursday December 8  
Monday December 26 – Friday January 6  
Week of Monday January 16 – Thursday January 19

Day 1 Monday/Wednesday Classes  
Day 1 Tuesday/Thursday Classes  
Reading Day  
Progress Report #1  
Thanksgiving Holiday  
Major Mid-Term Test  
Progress Report #2  
Christmas Break  
Final Exams

#### Semester 2: February 6 – June 7

Monday February 6  
Tuesday February 7  
Monday February 20  
Week of Monday February 27 – Thursday March 1  
Monday March 12 – Friday March 16  
Friday April 6  
Monday April 9  
Week of Tuesday April 10 – Thursday April 12  
Monday May 21  
Week of Tuesday May 22 – Thursday May 24  
Week of Monday June 4 – Thursday June 7

Day 1 Monday/Wednesday Classes  
Day 1 Tuesday/Thursday Classes  
Family Day Holiday  
Progress Report #1  
March Break  
Good Friday Holiday  
Easter Monday Holiday  
Major Mid-Term Test  
Victoria Day Holiday  
Progress Report #2  
Final Exams

## Night School 2011

### Expectations of Students

1. **Attendance** – After 5 unexplained absences the student will be asked to leave the course.
2. **Missed Tests and Exams** - The only reason to miss a test/exam is illness supported by a doctor's note.
3. **Punctuality** - Late arrivals disrupt the lesson and other students. Students who arrive late may be refused admittance to class. The time missed will be counted in the overall absence accumulation.
4. **Attitude** - It is assumed that all students who will be attending night school are willing to put forth the maximum effort required to achieve excellent marks. Students' progress and effort will be reviewed at the end of every week. A student may be removed from the course if the required effort and attitude have not been demonstrated.
5. **Respect** - Students are expected to demonstrate respect for the school, for the staff, and for fellow students. Classes at City Academy are curriculum focused.
6. **Assignments** - Assignments are an integral part of any course. Because we are preparing students for university it is expected that all assignments will be completed and submitted on the due dates. Students are expected to carry an agenda book and focus on time management.
7. **Plagiarism** - Any plagiarized work will receive a mark of zero and the student may be removed from the course.
8. **Housekeeping** - Please help to keep our school clean – no gum – no writing on desks – garbage placed in appropriate receptacles. Students who fail to demonstrate respect for school property will be removed from the program.
9. **Dress and Deportment** - Because the school is located in a large, professional office complex, students dress and behaviour must reflect this environment.
10. **Exams** - Two formal exam periods will be scheduled – one mid term and one final. Tests will be given weekly.
11. **Smoking** - Smoking is not permitted anywhere on the 3080 Yonge St. property or on the sidewalks surrounding the properties. Failure to abide by this rule will result in removal from the course. (Please review Parent Declaration Form).
12. **Illegal Substances** - The use or after affect of illegal substances will be treated with **zero tolerance**.

## Evaluation Agreement

Evaluation is an integral part of any credit course. However, it is not an end in and of itself. The most important aspects of the course are the new skills, attitudes and information, which will assure success in the future.

The mode of course delivery at City Academy will give every student the possibility for an assessment which is excellent, but only hard work, dedication and task focus will assure a top mark. **There is no guarantee.**

All students should establish a realistic goal for mark attainment. The structure of the school will assist in the achievement of that goal, but attendance here will not assure it.

# Smoking Policy

**Smoking Policy.** City Academy does not support student smoking. However, it is recognized that some students do smoke and therefore the school must make provisions for this to happen during school hours.

The school has an agreement with the property managers that no student will smoke on the 3080 Yonge St. Property or on the sidewalks surrounding the properties.

Students have been informed that smoking should be curtailed to the official class break times.

It is assumed that students who smoke have their parents' permission to do so. Please note that a student found smoking on 3080 property will be sent home and will not be allowed to return unless accompanied by a parent.

## Course Prerequisites

It is each student's responsibility to assure that the prerequisite for the requested course has been achieved. The prerequisites for all courses offered at City Academy can be found in our Course Calendar or on the Ministry of Education website.

Students who register in a course without the required prerequisite will be asked to leave with the possibility of no refund. The exception will be for students who register at the time they are taking the prerequisite.

In order to ensure this does not happen, City Academy requests that all students submit a transcript at the time of enrolment demonstrating proof of the required prerequisite.

If you have any questions regarding this matter, please contact the school.



## Parent Confirmation

1. I support the school's Expectations of Students \_\_\_\_\_ (Please Initial)
  2. I support the school's Evaluation Policy \_\_\_\_\_ (Please Initial)
  3. I am aware that my son/daughter is a smoker.     Yes     No
- I have informed my son/daughter that I support the school's Smoking Policy \_\_\_\_\_ (Please Initial)

---

**Student Name**

---

**Parent Name**

---

**Student Signature**

---

**Parent Signature**