



1910 Yonge Street, Suite 115  
Davisville Centre  
Toronto, ON M4S 3B2  
Phone: (416) 482-2521  
Fax: (416) 482-2496  
www.cityacademy.ca

Dear Student,

## Welcome to City Academy Night School 2018-2019.

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:  
Batners Book Store (905) 731-4440                      Alpha Textbooks (416) 461-3542
5. **Expectations of Students and Evaluation Agreement**
6. **Smoking Policy and Course Prerequisite Information**
7. **Night School Fee Schedule**

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

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

## Registration Form Night School

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

\_\_\_\_\_ Date

Year: 20\_\_\_\_\_

Course to be taken:

\_\_\_\_\_

(course name & course code)

### Student Information:

LAST NAME/FAMILY NAME		LEGAL GIVEN NAME (underline preferred name)	
DATE OF BIRTH (YY MM DD)	GENDER	HOME SCHOOL	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
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: \_\_\_\_\_
3. Have you successfully completed the prerequisite for this course?    Yes    No

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

Please confirm your son/daughter has successfully completed the prerequisite for the requested course:

\_\_\_\_\_

*Parent/Guardian Signature*

# Request for City Academy to Aid in University Application Process

**\*\*\* Please be aware that it is the responsibility of the home school to submit marks to universities on behalf of the student. A copy of your final report card will be mailed directly to your home school upon completion of the course. Please verify with your home school that it is received.**

**If you would also like City Academy to submit marks for you, you must sign and submit this form with the bottom portion clearly completed.**

I, \_\_\_\_\_, am requesting that City Academy submit my night school marks for  
(name - please print clearly)

the following course(s) directly to OUAC or out of province universities:

Course 1: \_\_\_\_\_ Course 2: \_\_\_\_\_ Course 3: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## University Applicant's Questionnaire

1. Are you applying to a **university in Ontario**? Yes \_\_\_ No \_\_\_

a) What is your OUAC reference number? \* \_\_\_\_\_ OUAC: 101 \_\_\_ 105 \_\_\_  
(please print clearly)

**\*Note:** If you have not yet applied and generated an OUAC reference number (format: YYYY-NNNNNN), 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.

2. Are you applying to **universities outside of Ontario** that do not receive marks from OUAC? Yes \_\_\_ No \_\_\_

a) If yes, what actions do you require us to take to ensure the mark is received by this university?

Name of Institution	Action Requested (i.e. fax to Registrar)	Relevant Contact Info (Email/Fax No.)	Other Information (i.e. applicant #)

**\*\*\* City Academy does not mail out official report cards on a student's behalf. If a hard copy is required, please request an official report card, enclosed in a sealed, signed envelope, at the front desk.\*\*\***

## **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: \_\_\_\_\_



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July 9, 2018

**Important Dates**  
**Night School**  
**2018-2019**

Monday/Wednesday *or* Tuesday/Thursday

**Semester 1: September 12– January 25**

Wednesday September 12  
Thursday September 13  
Monday October 8  
Week of October 8  
Week of November 5  
Week of December 10  
December 24 – January 4  
Week of January 21

Day 1 (Monday/Wednesday)  
Day 1 (Tuesday/Thursday)  
Thanksgiving Holiday  
Progress Report #1  
Major Mid-Term Test  
Progress Report #2  
Winter Break  
Final Exams

**Semester 2: January 28 – June 7**

Monday January 28  
Tuesday January 29  
Monday February 18  
Week of February 25  
March 11-15  
Week of April 1  
Week of May 6  
Monday May 20  
Week of June 3

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

## Night School 2018-2019

### 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** – City Academy is housed in the Davisville Centre and therefore we must respect the building's smoking rules. It is important to us that we maintain a positive relationship with all of our neighbours. The only place students are allowed to smoke is at the far end of the City Academy patio near the loading bay. This area is reserved for other office personnel who smoke.
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 area on the west side of our school patio has been reserved for smokers. It is expected that all students who smoke will use this area.

## 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.

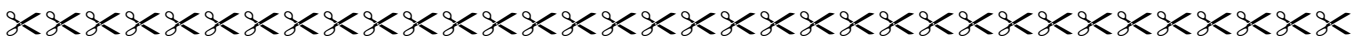
In order to ensure this does not happen, City Academy requests that all students submit a transcript at the time of enrolment demonstrating proof of the required prerequisite.

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

**Please confirm your son/daughter has successfully completed the prerequisite for the requested course:**

\_\_\_\_\_ *Prerequisite Course*

\_\_\_\_\_ *Parent/Guardian Signature*



## Student/Parent Confirmation

I support all of the school's expectations of students.

\_\_\_\_\_ **Student Name**

\_\_\_\_\_ **Parent Name**

\_\_\_\_\_ **Student Signature**

\_\_\_\_\_ **Parent Signature**

## Fee Schedule School Year 2018-2019

### NIGHT/SUMMER SCHOOL

Class	\$1,500 per credit course
1 on 1	\$3,800 per credit course <i>*reduced to \$3,450 for students who take at least two 1on1s within a school year</i>
2 on 1	\$2,400 per credit course
3 on 1	\$2,000 per credit course

**NON-REFUNDABLE DEPOSIT** – placement on the timetable will not be confirmed until the deposit is received. Therefore, the *deposit is due at time of registration.*

**Deposit Amount:** 1on1 course - \$1600; Any other course (2on1, 3on1, class) - \$800

### BALANCE OF FEES

- Balance of fees is due two weeks prior to the start of the course
- **Any fees received after the first day of the semester will incur a \$250 late fee.** It is strongly suggested that payment be submitted prior to day 1 to avoid this additional charge.

### CANCELLATION POLICY

\* All cancellations must be made in writing.

- Class
  - Deposit is *non-refundable* under any circumstance.
  - Balance of fees (course cost less deposit) will be credited in full if student withdraws prior to Progress Report #1.
  - No credit will be issued following Progress Report #1.
- Specially timetabled courses (1 on 1, 2 on 1, 3 on1 )
  - Deposit is *non-refundable* under any circumstance.
  - Balance of fees (course cost less deposit) will be credited in full if student withdraws prior to day 1.
  - No credit will be issued following day 1 of the course.
- City Academy reserves the right to cancel courses at any time due to insufficient enrolment. In this event, students will have priority placement in another course. If another course cannot be found the student will receive a 100% refund of tuition paid for the course.

\* **Special fee consideration and instalment plans** are available upon request.

\*\* **Fees for additional programs** can be found on the school's website.