

Dear Student,

Welcome to City Academy Summer School 2018.

Attached for your information and action are:

1. the Summer School Registration Form
2. Summer School Important Dates – please file these for future reference
3. Expectations of Students, Evaluation Agreement, Smoking Policy – all of these forms require a parent signature
4. Course Invoice – enrolment in the class of your choice will not be finalised until full fees are received

*** Numbers 1 and 3 must be completed and returned with fee payment and your most recent marks transcript or report card.**

All of these documents are due on receipt.

Please note that there has been great interest in our summer school programs and space is limited. A prompt response is strongly recommended. Students will be accepted on a “first come” basis.

In order to assure maximum success, pre-reading will be required for some courses. Teachers will be contacting students to assign this work and to give textbook information.

Students who are applying to university for September 2018 will be required to submit their final marks transcript to the universities of their choice. PLEASE NOTE THAT CITY ACADEMY IS NOT RESPONSIBLE FOR COMPLETING THIS TASK.

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

Yours truly,

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

CITY ACADEMY

a small private high school

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

Registration Form *Summer School*

Date _____

Semester: **JUNE** **JULY** **AUGUST**

(please circle)

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 <input type="radio"/> Male <input type="radio"/> 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

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

Below this line for office use only

<p style="text-align: center;">INFORMATION</p> <p><i>Transcript: Y N</i></p> <p><i>Fees Received: Y N</i></p>	<p style="text-align: center;">ADDITIONAL INFORMATION</p>
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ANAPHYLACTIC SHOCK

In reference to Bill 3, otherwise known as Sabrina's Law 2005, new Provincial legislation was enacted January 1st, 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: _____

Summer School 2018 Important Dates

JULY SUMMER SCHOOL (July 3 – July 30)

Tuesday July 3	Day 1 (regular school day)
Monday July 9	Progress Report #1
Monday July 16	Mid-Term Major Test
Monday July 23	Progress Report #2
Monday July 30	Final Exams

AUGUST SUMMER SCHOOL (August 1 – August 29)

Wednesday August 1	Day 1 (regular school day)
Monday August 6	Civic Holiday
Wednesday August 8	Progress Report #1
Wednesday August 15	Mid-Term Major Test
Wednesday August 22	Progress Report #2
Wednesday August 29	Final Exams

Daily Timetable

All classes are timetabled 8:30AM – 2:30PM.

Most classes will be dismissed at 2:00 with the 2:00-2:30 time being used for individual help.

For students who prefer a later start the possibility of a 10:30 – 4:00 class may be available.

PLEASE FILE THESE DATES FOR FUTURE REFERENCE.

Summer School 2018 Expectations of Students

- 1. Attendance** - Because of the short time period, it is imperative that students attend every class. Students will be asked to leave the course with no refund after three days or fifteen hours of unexplained absence.
- 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 summer 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 time. 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 midterm and one final. Tests will be given weekly.
- 11. Smoking** - Smoking is not permitted anywhere on either the 1910/1920 Yonge St. property or on the sidewalks surrounding the property. Students who smoke are encouraged to do so as they walk in groups of no more than three. Failure to abide by this rule may result in removal from the school.
- 12. Illegal Substances** - The use or after effect 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

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 1910/1920 Yonge Street property or on the sidewalks surrounding the property.

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 1910/1920 Yonge Street 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's 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*



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
4. I have informed my son/daughter that I support the school's Smoking Policy _____ (Please Initial)

_____ **Student Name**

_____ **Parent Name**

_____ **Student Signature**

_____ **Parent Signature**