

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

Fax: (416) 482-2496 www.cityacademy.ca

Dear Student,

Welcome to City Academy Summer School 2017.

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 <u>your most recent</u> 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 2017 will be required to submit their final marks transcript to the universities of their choice. <u>PLEASE NOTE THAT CITY ACADEMY IS NOT RESPONSIBLE FOR COMPLETING THIS TASK.</u>

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



Fees Received: Y N

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

		Semest	er: JU	LY A	UGUST	•		
		001110011	Year: 2	(please circ			Date	
Student Information:			1007. 2					
LAST NAME/F	AMILY NA	AME		LE	GAL GIV	EN NAME (ui	nderline preferred name)	
DATE OF BIRTH (YY MM	M DD)	G	ENDER	HOME SCHOOL				
		O Male	O Fema	ıle				
STREET ADD	RESS		APT#	PT# CITY		Y	POSTAL CODE	
HOME TELEPHONE # CELLULAR		AR TELEPH	ONE #		E-MAIL ADDRESS			
Parent/Guardian Info	ormation	n						
NAME	RELATI	ON TO ST	UDENT	NT E-MA		AIL ADDRESS		
STREET ADDRESS *if dif	student	APT#	APT#		Y	POSTAL CODE		
HOME TELEPHONE :	#	WO	RK TELEF	PHONE #	E#		CELLULAR #	
Secondary Contact								
NAME		RELATI	ON TO ST	JDENT		E-MA	E-MAIL ADDRESS	
STREET ADDRESS *if dif	student	APT#		CIT	Y	POSTAL CODE		
HOME TELEPHONE #		WO	RK TELEF	PHONE #	ONE #		CELLULAR #	
	Yes No require access, please submmodations to concerns of	omit a copy of cannot be most of which we s	of the IEP renade. Should be a	eport with ware? Y	es No		port is not submitted	
Invoices/mail-outs to be addressed to: O primary contact O secondary contact			Cours	Course to be taken:(course name & course code)				
		Below this	s line for	office ı				
Transcript: Y N	FORMATIO	ON			A	DDITIONA	L INFORMATION	



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

Fax: (416) 482-2496 www.cityacademy.ca

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 hav	e any life-threatening all	ergies?	Yes	No
b) If your answer to the	e above question was YE	ES		
(i) please list or your child is	n the line below the subs s allergic	tance(s) (foo	d, insec	t, etc) to which
` ´	al doctor advised that yo	•	•	
Name of Parent/Guardian:				
Signature of Parent/Guardian				
Date				



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

www.cityacademy.ca

Summer School 2017

Important Dates

JULY SUMMER SCHOOL (July 3 – July 28)

Tuesday July 4 Day 1 (regular school day)

*Please note Monday July 3 is a statutory holiday

Friday July 7 Progress Report #1

Friday July 14 Mid-Term Major Test

Monday July 24 Progress Report #2

Friday July 28 Final Exams

AUGUST SUMMER SCHOOL (July 31 – August 25)

Monday July 31 Day 1 (regular school day)

Friday August 4 Progress Report #1

Monday August 7 Civic Holiday

Friday August 11 Mid-Term Major Test

Friday August 18 Progress Report #2

Friday August 25 Final Exams

Monday August 28 Culminating Activity

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.



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

Fax: (416) 482-2496 www.cityacademy.ca

Summer School 2017

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.

<u>In order to ensure this does not happen, City Academy requests that all students submit a transcript at the time</u> 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. O Yes O No 4. I have informed my son/daughter that I support the school's Smoking Policy (Please Initial) Student Name Parent Name							
2. I support the school's Evaluation Policy (Please Initial) 3. I am aware that my son/daughter is a smoker. O Yes O No		Student Name	Parent Name				
2. I support the school's Evaluation Policy (Please Initial) 3. I am aware that my son/daughter is a smoker. O Yes O No							
2. I support the school's Evaluation Policy (Please Initial)	1 .	I have informed my son/daughter that I support	ort the school's Smoking Policy (Please Initial)				
1	3.	I am aware that my son/daughter is a smoker	r. O Yes O No				
I. I support the school's Expectations of Students (Please Initial)	2.	I support the school's Evaluation Policy	(Please Initial)				
		I support the school's Expectations of Studer	nts (Please Initial)				