

8 Shortwood Grove, Kingston 8

Email: icannlearningcentre@gmail.com

PHOTO OF CHILD

APPLICATION FEE: \$3,000

NAME (first ,middle, last) _____

M **F**

D.O.B (dd/mm/yyyy) _____

Age (at entry) _____

Proposed class and year of entry:

Students entering Lower K must turn 4 years old by the end of the first term enrolled.

Lower K	Upper K	Kickstart Elementary	Elementary	Middle School	Freshmen	Juniors	Seniors
4-5	6-7	8-9	10-11	12-13	14-15	16-17	18 +

What are the communication abilities are your child?

Verbal
 Non-Verbal/ partially verbal
 Sign Language / AAC

Please indicate all persons who should receive communication from our school:

Father
 Mother
 Guardian/Other: _____

email address

FATHER'S INFORMATION

FULL NAME:.....

.....

HOME ADDRESS:.....

HOME #..... CELL #.....

EMAIL

OCCUPATION

.....

PLACE OF EMPLOYMENT

WORK#..... EMAIL

MOTHER'S INFORMATION

FULL NAME:.....

.....

HOME ADDRESS:.....

HOME #..... CELL #.....

EMAIL

OCCUPATION

.....

PLACE OF EMPLOYMENT

WORK#..... EMAIL

CHILD'S INFORMATION

CHILD'S HOME ADDRESS

.....

COUNTRY OF BIRTH:.....

SCHOOLS PREVIOUSLY ATTENDED:.....

.....

.....

GRADE AT LEAVING..... GRADES REPEATED(if any).....

SPECIAL MEDICAL CONDITION/DIAGNOSIS

.....

.....

NAME OF DOCTOR:..... .TEL.....

MEDICATIONS BEING TAKEN.....

.....

ANY ALLERGIES, FOOD ALLERGIES, ETC:.....

THERAPY SERVICES

Check all applicable boxes and provide the name of the service provider

Occupational Therapy Continuing Discontinued _____

Speech Therapy Continuing Discontinued _____

Physical Therapy Continuing Discontinued _____

Behaviour Therapy Continuing Discontinued _____

Psychotherapy Continuing Discontinued _____

PROGRAMME BEING REQUESTED:

1. AFTERNOON
2. 1 DAY PER WEEK
3. 2 DAYS PER WEEK
4. 3 DAYS PER WEEK
5. FULL TIME
6. FULL TIME-VOCATIONAL TRACK

DAYS AND TIMES AGREED UPON:.....

.....

.....

SPECIAL INSTRUCTIONS, REQUESTS OR INFORMATION YOU DEEM IMPORTANT TO HELP US MEET THE EDUCATIONAL, EMOTIONAL OR PHYSICAL NEEDS OF YOUR CHILD.....

.....

.....

.....

REFERRED BY:.....

AGREEMENT:

The information given above is, to my best knowledge true and correct and will form the basis of my contract with the Managing Director of iCann HELP.

I acknowledge that iCann HELP reserves the right to acquire references from all previous schools my child has attended.

I agree to pay the Application Fee of \$3,000 so that this application can be processed and my child evaluated before the school makes any decision about admission.

I agree to give iCann HELP one term's notice of withdrawal from our school. Otherwise, we require one term's fees in lieu of this notice.

Fees for any students that withdraws after the term has commenced, will not be refunded. Reports and transcripts will be held until all accounts are settled in full.

**ANY FALSE STATEMENTS OR OMISSION OF IMPORTANT INFORMATION THAT
COULD PREVENT THE HARM OF STAFF OR OTHER STUDENTS WILL BE CAUSE
FOR REVOCATION OF ADMISSION**

Parents/Guardians Signature.....

Date.....

ADDITIONAL REGISTRATION DOCUMENTS

Please attach the following documents in order to complete registration:

1. A copy of your child's Birth Certificate
2. A copy of your child's Immunisation Card or Certificate showing that your child is vaccinated against:
 - measles
 - Mumps
 - Rubella
 - Diphtheria
 - Whooping cough (Pertussis)
 - Poliomyelitis
 - Tuberculosis
 - Tetanus (Lock Jaw)
 - Haemophilus Influenzae B (HIB)
 - Hepatitis B
3. A copy of your child's most recent clinical evaluation stating diagnosis and most recent psycho-educational report (if applicable)
4. A copy of your child's last report card/progress report from his/her previous school
5. A copy of the most recent goals/objectives or progress report from any/all service providers presently attending (occupational/speech/behaviour/physical therapy) * if applicable