



5051 Mainway, Burlington, ON L7L 5H9

Ph: (905) 340-3142 | www.NewGAA.ca | admissions@NewGAA.ca

NEW STUDENT ADMISSION APPLICATION FORM

(All information is kept confidential)

STUDENT INFORMATION

Full Name: _____

Applying for Grade: _____ | Start Date (Sept. ____): _____

Date of Birth: ____ / ____ / ____ (Day / Month / Year)

Current School: _____

Current Grade: _____

School Address: _____

City: _____ | Postal Code: _____

School Phone: _____

PARENT / GUARDIAN INFORMATION

****Parent/Guardian 1****

Name: _____

Home Phone: _____ | Cell: _____

Address: _____

City: _____ | Postal Code: _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____



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****Parent/Guardian 2****

Name: _____

Home Phone: _____ | Cell: _____

Address: _____

City: _____ | Postal Code: _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____

If parents are separated or divorced, student resides with: _____

EMERGENCY CONTACT

Name: _____

Relationship to Student: _____

Phone Number: _____

HEALTH & MEDICAL

OHIP Number: _____

Physician Name: _____

Physician Phone: _____

Physician Address: _____

Allergies: _____

Medications: _____

Immunization Card: To be submitted before September 1



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Date of Last Vision Test & Results: _____

Date of Last Hearing Test & Results: _____

STUDENT INTERESTS

Please list any extra-curricular interests or hobbies:

PAYMENT INFORMATION

****Deposit Method**** (Non-refundable)

☐ Held with Glenn Arbour Academy Inc. ☐ By Pre-Authorized Debit (PAD)

****Tuition Plan****

☐ Advance ☐ Standard ☐ Monthly

****Ongoing Payment Method****

☐ PAD

Signature of Parent/Guardian: _____ Date: _____



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WAIVER AGREEMENT

I hereby grant permission for my child to participate in all school activities and events—both on-site and off-site—organized by Glenn Arbour Academy. I acknowledge the inherent risk involved and release Glenn Arbour Academy, its staff, and volunteers from liability for any injury, including dental or medical costs, that may arise.

Name of Student: _____

Signature of Parent/Guardian: _____ Date: _____

REGISTRATION AGREEMENT

Upon acceptance of this application, we agree to pay the full tuition, deposit, and any additional fees incurred throughout the school year. We understand:

- The deposit is non-refundable and non-transferable.
- No refund will be provided for withdrawals after **March 1**, regardless of payment plan.
- No refund will be issued in the event of school closure or a shift to virtual learning.
- A pro-rated refund may apply **only** for withdrawals before February 1 under Advance or Standard Plans.
- If fees are in arrears for three months, the student may be temporarily withdrawn.
- All tuition must be paid in full to be eligible for re-enrollment.

Signature of Financially Responsible Guardian: _____ Date: _____

PHOTO/VIDEO RELEASE

I give permission for my child's image to be used in Glenn Arbour Academy Inc.'s promotional materials, both print and digital. I waive rights to compensation or ownership of such media.

Student Name: _____

Signature of Parent/Guardian: _____ Date: _____