

# The Sycamore School



APPLICATION FOR ADMISSION  
2022-2023

## Please PRINT

**ALL PARTS of this application MUST BE COMPLETED to process your application. All information received will be kept confidential. Please use a separate application for each applicant.**

## Admission Procedure

- A complete application for Admission Form and other related documents.
- \$100.00 CDN non-refundable Application Fee in the form of a personal cheque, money order or bank draft payable to The London School Inc. for individual applicants
- A copy of the applicant's most recent report cards (recent 2 years)
- A statement of strengths and interests to be submitted by the applicant (1 page)
- A current photograph.
- Immunization records & copy of Birth Certificate, Status Card or Passport
- Applicant interview
- Parent consultation

*Upon receipt of the Application for Admission you will be contacted by a London School Administrator to schedule a student interview. Application does not guarantee acceptance or enrollment.*

## For Office Use Only

- |   |  |
|---|--|
| <input type="checkbox"/> Complete Application for Admission Form  | <input type="checkbox"/> File created: _____                       |
| <input type="checkbox"/> Completed Admission Procedure            | <input type="checkbox"/> Interviewed by: _____                     |
| <input type="checkbox"/> Application Fee received                 | <input type="checkbox"/> Request for OSR /New OSR: _____           |
| <input type="checkbox"/> Copy of applicant's school records       | <input type="checkbox"/> Letter of Enrollment issued: _____        |
| <input type="checkbox"/> Signatures where appropriate             | <input type="checkbox"/> Probationary period completed: _____      |
| <input type="checkbox"/> Immunization records                     | <input type="checkbox"/> Letter of Acceptance issued: _____        |
| <input type="checkbox"/> Visa/Passport/ Birth certificate/Status  | <input type="checkbox"/> Copies of documents entered into database |
| <input type="checkbox"/> Copy of legal guardianship/custodianship | <input type="checkbox"/> File reviewed by Administrators           |

The Sycamore School

615 Wellington St. London, ON N6A 3R6  
sycamore-school.ca | TEL: 519-601-3838 | Email: info@sycamore-school.ca

# PLEASE PRINT

## STUDENT INFORMATION

Surname:

Given Name(s):

Date of Birth:

\_\_\_\_\_

Current Grade:

Preferred Gender Pronouns:

Type of Student:

First Language Spoken:

- He/Him  
 She/Her  
 They/The  
 Other

- Full Day Student  
 Half Day Student  
 Independent Learning Student  
 Private Student

\_\_\_\_\_

Status in Canada:

If the applicant is an Indigenous person, please indicate the name and address, if known, of their FNMI community:

\_\_\_\_\_

If the applicant is not a Canadian citizen, please indicate which passport(s) s/he carries:

Status Card # \_\_\_\_\_

\_\_\_\_\_

Mailing Address

Apt #

City:

\_\_\_\_\_

Province/State:

Country:

Postal Code/Zip Code

\_\_\_\_\_

Home Tel:

Student's Mobile:

Student's Email:

\_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Please enclose a copy of the applicant's most recent report cards from the previous two years. In addition, a portfolio of work may also be requested for examination. Foreign language reports or transcripts must be accompanied by a legally certified translation.

Name of school most recently attended:

Address:

\_\_\_\_\_

City:

Province/State:

Country:

Postal Code/Zip Code:

\_\_\_\_\_

Phone:

Email Address:

Period of attendance from:

\_\_\_\_\_ Year to Year

The Sycamore School

615 Wellington St. London, ON N6A 3R6

sycamore-school.ca | TEL: 519-601-3838 | Email: info@sycamore-school.ca

## PSYCHOEDUCATIONAL INFORMATION

Does the applicant have any learning disabilities, developmental delays or previous diagnosed conditions?  Yes  No

If yes, please provide details and attach a copy of most recent Individualized Education Plan, (if applicable) as well as any other supporting documents.

---

---

---

---

## PARENT/LEGAL GUARDIAN INFORMATION

Full Name:

---

Home Address:

---

City:

Province:

---

Home Tel:

Mobile:

---

Work Tel:

Employer:

---

E-mail Address:

---

Relationship

Parent

Legal Guardian

Primary Contact

Yes

No

Separated/Divorced?

Yes

No

Parent to be invoiced?

Yes

No

If separated or divorced, please indicate custodial arrangements:

---

Full Name:

---

Home Address:

---

City:

Province:

---

Home Tel:

Mobile:

---

Work Tel:

Employer:

---

E-mail Address:

---

Relationship

Parent

Legal Guardian

Primary Contact

Yes

No

Separated/Divorced?

Yes

No

Parent to be invoiced?

Yes

No

If separated or divorced, please indicate custodial arrangements"

---

The Sycamore School

615 Wellington St. London, ON N6A 3R6

sycamore-school.ca | TEL: 519-601-3838 | Email: info@sycamore-school.ca

## EMERGENCY CONTACTS

Primary Emergency Contact:

Relationship to applicant:

Home Tel:

Work Tel:

Mobile:

Email:

Address:

Secondary Emergency Contact:

Relationship to applicant:

Home Tel:

Work Tel:

Mobile:

Email:

Address:

## MEDICAL INFORMATION

Health Card #:

Name as it appears on Health Card:

Family Doctor:

Tel:

The Middlesex-London Health Unit requires every student in Ontario to be immunized. Failure to provide the Health Unit with immunization records or to have your child(ren) immunized, could result in suspension until all immunizations are updated.

Please submit a copy of updated immunization records. Must be in English.

Allergies:  Yes  No

If yes, please provide details

Epi Pen:  Yes  No

If yes, please provide details

Medical Concerns:

Medications:

Dietary restrictions:  Yes  No

If yes, please provide details

Specific Interests:

Additional Information:

## TERMS OF APPLICATION AND ENROLLMENT

I/WE, THE UNDERSIGNED, do hereby apply for the applicant named on this document to enter grade \_\_\_\_ and/or

\_\_\_\_\_ program at The Sycamore School beginning in \_\_\_\_\_ I/We,

THE UNDERSIGNED, do therefore jointly and separately agree to the terms of enrollment as follows:

- I/we will pay and/or arrange to have paid any and all fees, charges, levies and assessments as may be rendered, from time to time, by The Sycamore School in respect to the student applicant.
- That I/we have enclosed a personal cheque, money order or bank draft of one hundred dollars in Canadian funds (CAD \$100.00) as an Application Fee if applicable. I/we understand that this fee is non- refundable whether or not the applicant is accepted at The Sycamore School.
- That immediately upon enrollment of the applicant to the school, I/we will pay and/or arrange to have paid a non-refundable tuition deposit in the amount of \$2000.00 CDN which will be applied monthly towards the balance owing on school tuition.
- I/we will comply with any and all rules, regulations and policies of The London School as articulated in the school policies and procedures, code of conduct and/or course calendar document.
- I/we will ensure that our son/daughter is provided with a wireless access laptop computer for his/her sole use at school and that it is loaded with a virus protection and Microsoft Office™.
- I/we understand that The Sycamore School reserves the right to accept or reject applicants at its sole discretion for reasons which, in the opinion of The Sycamore School, are in the best interests and welfare of the school and its students.
- I/we also understand that each student is subject to a maximum three month probationary period to determine the student's continued eligibility for The Sycamore School program.
- I/we understand that an acceptance letter will be provided after the probationary period has been completed.
- I/we understand the payment schedule

### WITHDRAWALS

- The school requires **written notice** for student withdrawals.
- No fees will be refunded once the School Year has begun.
- No fees will be refunded in cases of student expulsion.
- Students who are withdrawn **without valid reason** (i.e. change of address, extended injury/illness) must be expected to have accounts paid in full if prior to end of the payment cycle.
- I/we have read and understand this agreement

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date