

HERITAGE ACADEMY

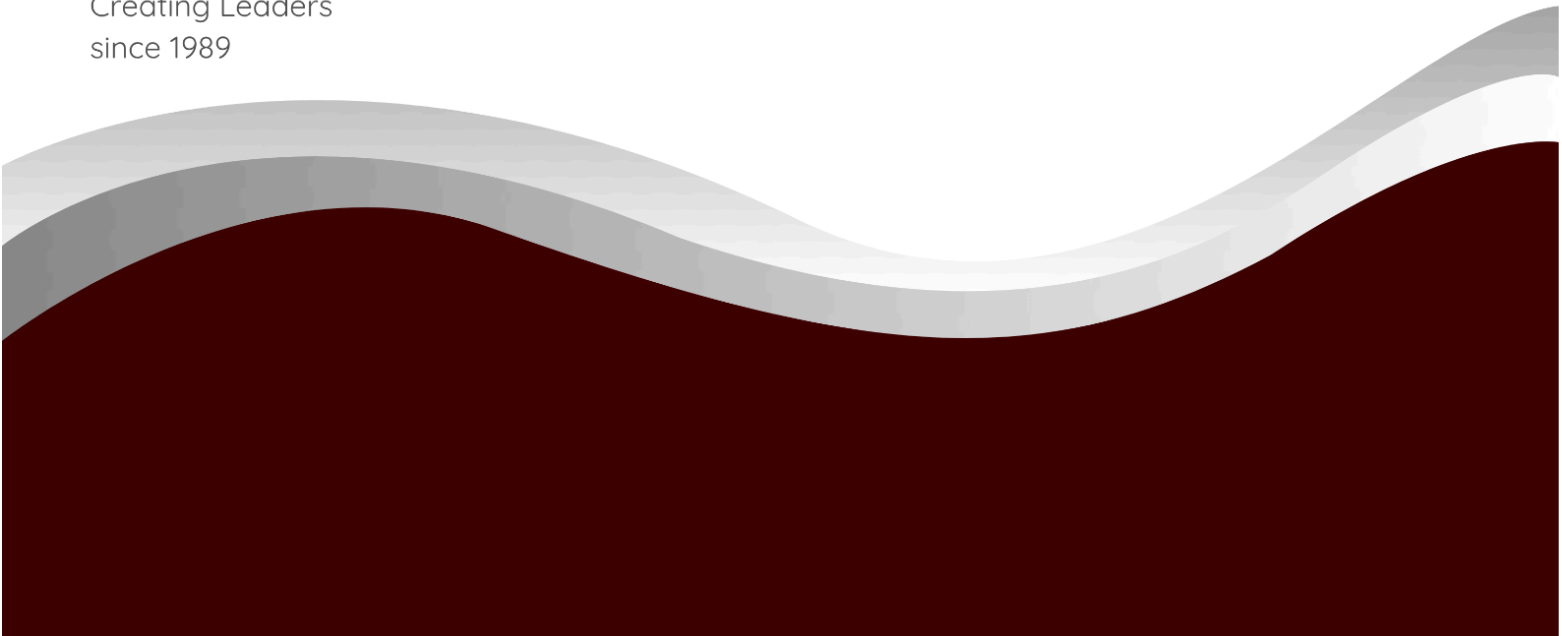
207 BAYSWATER AVENUE
OTTAWA, ONTARIO. K1Y 2G5
www.heritage-academy.com



2026-2027

ENROLLMENT APPLICATION

Inspiring Minds
Igniting Potential
Creating Leaders
since 1989



STUDENT INFORMATION

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Student's First Name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Middle	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Last
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Home Address Number and Street		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Apartment
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Province	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Postal Code
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date of Birth	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Gender	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Present Grade
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name and Address of Previous School		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Learning Exceptionalities		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Student has an I.E.P.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Last Assessment Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Assessor
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Medical Conditions	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Allergies	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Anaphylaxis
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Student Requires Epi-Pen	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Students Requires Inhaler	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Students Requires Glasses
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Medications	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Health Card Number	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Expiry
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Physical Conditions and Restrictions		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Family Physician

PARENTAL INFORMATION

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Parent #1 First Name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Last	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Mother/Father/Guardian/Other
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Home Address Number and Street		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Apartment
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Province	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Postal Code
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Employment/Job Position		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone (Home)
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Email		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone (Work)
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Parent #2 First Name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Last	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Mother/Father/Guardian/Other
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Home Address Number and Street		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Apartment
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Province	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Postal Code
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Employment/Job Position		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone (Home)
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Email		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone (Work)

MAINTAINING A SAFE SCHOOL AGREEMENT

Maintaining a Safe School Agreement

We, the undersigned, acknowledge that we have reviewed and understand the behavior expectations set forth by Heritage Academy. By signing this contract, we commit to upholding these standards and contributing to a positive and respectful learning environment for all students and staff.

Heritage Academy Behavior Expectations:

- Treat all individuals with respect, kindness, and empathy.
- Follow all school policies, rules, and guidelines.
- Engage in positive and appropriate communication.
- Attend classes, in uniform, and activities punctually and regularly.
- Refrain from any form of bullying, harassment, or discrimination.
- Maintain a clean and safe learning environment.
- Refrain from using inappropriate language or engaging in disrespectful behavior.
- Behave properly by doing the best work possible at all times.
- Follow the directions of the teachers and school officials.
- Use proper language without profanity at all times.
- Avoid any behaviour that disrupts the learning in any class.
- Avoid damaging school property or equipment.
- Arrive at school on time and be ready to learn.
- Show respect for themselves and others.
- Keep the school environment safe.
- Follow the rules and procedures indicated in the Student Handbook.

Student Commitment:

I, _____ commit to abiding by the behavior expectations outlined above. I understand that my actions impact the school community and am dedicated to contributing positively to the learning environment. I acknowledge that violations of these behavior expectations may result in consequences as outlined by the school's policies.

Parent/Guardian Commitment:

I, _____ as the parent/guardian of support and reinforce the behavior expectations set by Heritage Academy. I will communicate with my child about the importance of adhering to these expectations and will collaborate with the school to address any concerns related to behavior.

Signature: Student:

Date:

Signature: Parent/Guardian:

Date:

Please return this signed behavior contract to the school office by the 1st day of your child's attendance. Your commitment to these behavior expectations is greatly appreciated and contributes to the overall well-being of our school community.

MEDIA RELEASE FORM

During the academic year, **Heritage Academy** may wish to capture and share photographs or videos of students for school-related purposes. These images may appear on **school bulletin boards, the official Heritage Academy website, social media channels, printed materials, or in educational publications and local media releases.**

Any photographs or videos used will feature students engaged in **positive, school-approved activities** such as learning experiences, academic projects, performances, athletics, and community events.

Heritage Academy is proud to celebrate the accomplishments and participation of our students, who have often been recognized locally and nationally for their achievements and initiatives.

☐ **I/We consent** to the use of my child's image in all Heritage Academy media and publications (including print, online, video, and social media). These materials may feature my child participating in classroom or school-related activities.

☐ **I/We do NOT consent** to the use of my child's image in any Heritage Academy media or publications (including print, online, video, and social media), **with the exception of school yearbook photos and classroom displays** used for internal educational purposes only.

Parent/Guardian Signature

Date

SCHOOL OUTING AND EMERGENCY TRANSPORTATION

School Outings and Field Trips

A number of outings and activities are planned each year to complement the school's academic program. Students will usually have specific activities or work as a result of an outing.

In addition, a number of scheduled activities, which are part of the school program, take place away from the school site.

Some components of the Physical Education and Sports program are conducted outside. Recess breaks are usually taken outside the school buildings.

Special Outings

Parliament Buildings, Theatres/Arts Centers, Museums, Picnic Grounds and Local Parks, Municipal pools, Universities/Colleges, Restaurants, Shopping Centers, Water Parks, Fishing, Biodome, Food Bank Farms. Outings may also include visits to special events or other activities determined by the teacher and principal.

Transport of Students

The students and staff travel to and from the above locations by chartered bus, public transit or by foot.

In exceptional circumstances or emergency situations, where it is not possible to communicate with a parent, it may be necessary for a teacher to transport a student in his/her own vehicle. In this event, the teacher's personal auto insurance will cover the student as a passenger.

By signing this consent form I am agreeing to the following statement:

While my child is out on a school field trip I understand that regular injuries can occur.

I consent to the staff member on duty administering first aid to my child should they need it.

If this were to happen, I understand that the staff member on duty will contact reception as well as the legal guardian listed below/who has signed the permission form in order to notify of the nature of said injury and whatever recommended next steps (first aid administered is sufficient, early pick up, hospital visit, ambulance.)

By signing this consent form I understand that if there are specific field trips that my child is not able to attend, the expectation is that the student will stay home from school that day.

Standing Permission Form

I, hereby give my child _____, grade _____ permission to participate in these outings.

Parent's or Legal Guardian's Signature

Date

Emergency Transportation Waiver

Students are advised that they must report to the supervising staff in an emergency or if they are injured. When required, school authorities will give first aid.

If the school is unable to reach the child's parents or emergency contacts and the situation warrants an ambulance, one will be called.

Parents will be responsible for the ambulance expense. In the parents' absence, a school official will accompany the student from the school if he/she must be transported by ambulance.

I, hereby understand the above waiver and grant the school permission to transport my child to the hospital.

Parent's or Legal Guardian's Signature

Date

Emergency Contact Information

If parents are unavailable, please contact:

MEDICATION AUTHORIZATION FORM

Handling Of Prescribed Medication For Students

This form applies only when parents/guardians/caregivers request the involvement of the school in handling prescribed medication for students with non-life-threatening conditions.

- All medication must be brought to school by the parent/guardian in the container in which the prescribing physician or licensed pharmacist dispensed it. The medication container must be labelled with the appropriate dosage and time.
- Medication must not be brought to school by the child.
- Parents must complete a medication dispensation form provided by the receptionist upon drop-off of medication.

Student Information

Full Name: _____ Date of Birth: _____ / _____ / _____
Grade: _____

Parent(s)/Guardian(s)

Name: _____ Relationship to Student: _____

Phone Number: _____ Email: _____

Emergency Contacts (Please list in order of priority)

Name	Relationship	Daytime Phone	Alternate Phone	Email

Prescribing Healthcare Provider Information

Full Name: _____

Organization: _____

- ☐ Doctor
- ☐ Nurse Practitioner
- ☐ Registered Nurse
- ☐ Pharmacist
- ☐ Other. Please specify: _____

I/We authorize: The health care provider(s) listed herein to share health information about the student with school staff as required to ensure the accuracy of the information contained in this form and to provide information as required to ensure the safety and well-being of the student.

Parent's or Legal Guardian's Name

Signature

Date

Medication Information

Name of Medication: _____ Date of Prescription: _____

Dosage of Medication: _____ Prescriber: _____

Time of Administration: _____

Special instructions for Administration:

Caution of Notable Side Effects:

Duration of Medication Regime: _____

This medication may be administered during school hours or school-related activities only when REQUIRED by the healthcare professional(s) listed herein.

Please include all special instructions, prescription labels, or notes pertaining to each medication.

We acknowledge that it is our responsibility to submit sufficient medication and medical supplies to the school and to track the expiration dates.

Is the medication prescribed on an "as needed" basis?

☐ Yes - If Yes, please complete the following:

The clear, specific and observable symptoms/behaviours that requires the administration of medication:

The level of intensity: _____

The length of time the symptoms/behaviours are observed prior to the administration of medication: _____

How many times in a 24 hour period the PRN can be administered: _____

PLEASE NOTE THAT staff will obtain verbal consent from the parent/guardian or a designated person with authority prior to each administration, as staff are not in a position to conduct a medical assessment. Where consent cannot be obtained, the principal/designate will administer the medication.

Parent(s)/Guardian(s)/Caregiver(s) Authorizations to Handle Prescribed Medication

- I/We authorize the HA staff to administer the medication to the student as prescribed.
- I/We understand that the administration of medication involves certain elements of risk, including, but not limited to illness, adverse reactions or other complications.
- I/We understand that HA staff are not medically trained to administer medication and bear sole responsibility for any adverse reaction or associated risks that might occur following the administration of medication.

The HA staff to supervise the student administration of medication

- I/We understand that the administration of medication involves certain elements of risk, including, but not limited to illness, adverse reactions or other complications.
- I/We understand that HA staff are not medically trained to supervise the administration of medication and bear sole responsibility for any adverse reaction or associated risks that might occur following the administration of medication.
- The HA staff is to store the medication as required below.

Storage Instructions:

The HA staff to share this form as necessary with individuals in direct contact with the student to attend to their well-being and medical needs at school and during school activities. This may include school and office staff, occasional staff, and before and after-school program staff.

Authorization and Consent

I confirm that the information herein is accurate and up to date.

I understand that I must re-submit this form in case of any changes to the student's medication, condition, level of independence, or treatment plan.

Parent's or Legal Guardian's Name

Signature

Date

The personal information of this form is collected under the authority of the Education Act (RSO. 1990 c.E.2) and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used to establish the Ontario Student Record [OSR] and for student and education related purposes such as registration, administration, communication, collection of fees, data reporting, and Student Transportation Services. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to allow enforcement matters, and with third parties in accordance with established service agreements or in accordance with any other Act. Questions or concerns should be directed to the school principal.

INTERNATIONAL STUDENTS FEES

ACADEMIC YEAR 2026-2027

<u>Registration PRIOR to February 1st, 2026</u>	<u>\$21,200.00</u>
Registration Fee: (non-refundable)	\$4,000.00
Admission Fees: (Includes SMT/ESL program if required)	\$17,200.00

<u>Registration AFTER to February 1st, 2026</u>	<u>\$21,700.00</u>
Registration Fee: (non-refundable)	\$4,000.00
Admission Fees: (Includes SMT/ESL program if required)	\$17,700.00

There may be additional fees based on certain courses. Additional fees due upon billing.

PAYMENT TERMS

Method of Payment: ☐ Cheque ☐ EFT ☐ Wire Transfer ☐ Other: _____
☐ Payment will be made in lump sum by: _____

<u>Registration PRIOR to February 1st, 2026</u>	<u>\$21,200.00</u>
Installments: Payment 1 (due upon Registration)	\$4,000.00
Payment 2 (due before July 1, 2026)	\$8,600.00
Payment 3 (due before December 1, 2026)	\$8,600.00

<u>Registration AFTER to February 1st, 2026</u>	<u>\$21,700.00</u>
Installments: Payment 1 (due upon Registration)	\$4,000.00
Payment 2 (due before July 1, 2026)	\$9,350.00
Payment 3 (due before December 1, 2026)	\$9,350.00

REFUND POLICY

Refund policy is as follows;

A notice of withdrawal must be received no later than 90 days before the start date of classes. If the notice of withdrawal is submitted prior to this date, a refund of fifty percent of the years' school fees will be refunded.

STUDENT VISA

A completed Application for Admission along with the Registration Fee is required before a letter of acceptance will be issued for a student visa. If a student visa is refused, the students must provide the school with the original refusal letter from the Canadian Embassy. A refund will not be issued without this letter. A cancellation fee of \$700 will be retained from the school.

PLACEMENT FEES FOR INTERNATIONAL AGENCIES

A placement fee of \$1,000.00 will be paid to an international placement agency which has co-ordinated the enrollment of an international student.