

<u>Office use only:</u>			
Date:	ASN #:	First day at school:	
Documentation complete?	Coding:		
PART I – STUDENT AND FAMILY INFORMATION			
S T U D E N T I N F O	Student's legal name (First, Middle, Last):		Nickname:
	Date of birth (yy/mm/dd):	Gender: M/F	Grade applying for:
	Address:	City:	Province: Postal Code:
	Home Phone:	Cell Phone:	Student Email:
	Primary language spoken at home:		
P A R E N T I N F O R M A T I O N	Please circle one: Mother Father Legal Guardian		Approved for Student Pickup <input type="checkbox"/>
	Name (Suffix, First, Middle, Last):		Email:
	Street Address (if different from applicant's):		City: Province: Postal Code:
	Home Phone:	Cell Phone:	Work Phone:
	Employer:		Occupation:
	Preferred method of contact for student and school updates: text email phone		

P A R E N T I N F O R M A T I O N I	Please circle one: Mother Father Legal Guardian Approved for Student Pickup <input type="checkbox"/>
	Name (Suffix, First, Middle, Last): Email:
	Street Address (if different from applicant's): City: Province: Postal Code:
	Home Phone: Cell Phone: Work Phone:
	Employer: Occupation:
Preferred method of contact for student and school updates: text email phone	
A D D I T I O N A L I N F O	Parent marital status: married divorced separated common law parent 1 remarried parent 2 remarried
	Who has educational decision-making authority? parent 1 /parent 2/joint
	Who has financial decision-making authority? parent 1 /parent 2/joint
	Who has medical decision-making authority? parent 1 /parent 2/joint
O T H E R R E L E V A N T A D U L T S	Relationship to student: Approved for Student Pickup <input type="checkbox"/>
	Does the student reside with this individual? yes no
	First name: Last name:
	Address (if different than student's):
	Primary phone: Secondary phone:
	Email: Include email in school notifications? Yes no

O T H E R R E L E V A N T A D U L T S	Relationship to student: Approved for Student Pickup <input type="checkbox"/>
	Does the student reside with this individual? yes no
	First name: Last name:
	Address (if different than student's):
	Primary phone: Secondary phone:
	Email: Include email in school notifications? Yes no

E M E R G E N C Y C O N T A C T S	Emergency Contact #1 Approved for Student Pickup <input type="checkbox"/>
	First Name: Last name: Relationship:
	Phone number:
	Emergency Contact #2 Approved for Student Pickup <input type="checkbox"/>
	First Name: Last Name: Relationship:
	Phone number:

A D D I T I O N A L S T U	SIBLING INFORMATION			
	name:	age:	school:	grade:

D E N T I N F O R M A T I O N	Independent Student Status			
	The <i>School Act</i> defines an independent student as someone who is (i) 18 years or older, or, (ii) 16 years or older and (a) who is living independently or, (b) who is a party to an agreement under section 57.2 of the Child, Youth, and Family Enhancement Act.			
	Are you claiming Independent Student statute under the definition of the school act? Yes No			
	Disclosure Restrictions			
	A parent or legal guardian may have their right to access information about a student removed by a legal process.			
	Please indicate if a legal document exists which restricts access to information about this student: YES NO			
	If yes, the school will collect the required documentation to be retained on the student's record.			
Student Protection				
An individual may be forbidden contact with the student by way of a legal process.				
Please indicate if a legal document exists which forbids an individual from having contact with the student. YES NO				
If yes, the school will collect the required documentation to be retained on the student's record.				
FNMI Self Identification				
If you wish to declare as an FNMI individual, please specify (circle one): First Nations (status) First Nations (non-status) Métis Inuit				
For further information, please refer to: www.education.alberta.ca/system-supports/resultsreporting or contact Alberta Education at 780-427-8501.				
If you have questions regarding the collection of student information by the school, please contact E2 Academy at 780-438-0824.				
PART II – PROGRAMMING HISTORY				
M O S T R E C E N T	Name of School:	Current Grade:	Phone number:	
	Street Address:	City:	Province:	Postal Code:
	Program:			

P R E V I O U S S C H O O L S	Name of School	City	Province	Phone Number	Grade(s)

PART III DIAGNOSTIC INFORMATION

D I A G N O S T I C I N F O R M A T I O N	<p>E2 Academy is a D.S.E.P.S. (Designated Special Education Private School) and as such is required to follow a specific set of requirements for our students. Our purpose is to serve students who are identified with a mild, moderate, or severe disability.</p> <p>Does this student have any official diagnoses or is this student in the process of getting diagnostic information? If yes, please provide information below. If additional space is needed, please attach additional pages. You will be asked to provide any assessments and documentation for the student file.</p>

PART IV – STUDENT
If additional space is needed, please attach additional pages.

How did you hear about E2Academy? Please be as specific as possible

<p>What are the child's talents, interests and skills, both in and out of school? Please include clubs, classes or organizations he/she has been involved in.</p>
<p>What makes traditional school settings difficult for your child? Please address ongoing social/emotional, academic and medical concerns separately.</p>
<p>List any educational therapy, psychotherapy, social skills, specialized services, tutoring or other support the student currently receives.</p>
<p>Has the student ever been suspended or expelled from any school or been subject to disciplinary action? Yes No If yes, please describe.</p>
<p>Has the student had an IPP? If yes, please provide the most recent copy. Yes No</p>
<p>Has the student undergone any specialized evaluations (speech, occupational therapy, psychoeducational, neuropsychological or other assessments)? Yes No If yes, please attach all reports.</p>
<p>To which other schools have you applied? Is there any additional information that the leadership team should know about the applicant?</p>

Declaration by parent, legal guardian, or independent student

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

Further, I recognize that it is my responsibility to notify my child's school should the above information change.

Name of person completing this application: _____

Relationship to the student: _____

Signature: _____
Parent or Legal Guardian Date

Please send the completed application form, with the \$75.00 non-refundable application fee payable to E2 Academy, to:

E2 Academy Attn: Admissions
14907-45 Avenue
Edmonton, AB T6H 5K8
info@e2academy.com
Phone: 780-438-0824 Fax: 780-438-2160