Board Approval Date: July 23, 2012

**Admission Policy**

**Admission Criteria Process**

1. Meet with Principal and tour the school
2. Complete Registration Form
3. Submit copy of Report Card, Birth Certificate and Immunization Record
4. Complete Parental Agreement Form
5. Complete Tuition Fee Form with cheques

Admission to Hope Academy is dependent upon acceptable completion and review of the above admission criteria and compliance with the *Student Grade Placement Policy*. Applications for student enrolment will be accepted anytime during the current school year and summer.

**Continue to scroll down for Registration Form, Parental Agreement Form, and Tuition Fee Form.**



4316 Ebenezer Rd, Brampton,

ON L6P 0R9

Phone: (416) 254-1617  
 Email: [hopeacademytoronto@gmail.com](mailto:hopeacademytoronto@gmail.com)  
 Web: [www.hope-academy.ca](http://www.hope-academy.ca)

**Registration Form 2019-2020**

**Family Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward any medical information such as allergies that Hope Academy should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Enrolment: JK-Grade 8**

Name Birthday Grade for Sept. 2020 Health Card# Previous School

1. \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition: Cost per Family**

Cost for first student: $4,500 / Cost for second student: $2,250/ Cost for third student: $1,350 / Cost for three students and more will remain at $6,750

**Parental Agreement Form**

Conditions of Registration & Admission

1. \_\_\_\_ I/We have read the Hope Academy Statement of Beliefs and agree that our child(ren)

will be educated in a manner consistent with the beliefs and objectives of this Christian Mission School with an understanding that all subjects will be taught from a Christian perspective.

1. \_\_\_\_ I/We have read the contents of the admissions documentation and understand the

commitment we are making. We agree to abide by the school rules and guide our child(ren) to uphold the Student Code of Conduct and Discipline Policy of the school as outlined therein.

1. \_\_\_\_ I/We agree to support the classroom teachers. We also recognize that when issues of

concern arise we will make every effort possible to work together with the teacher to both address and resolve the matter.

1. \_\_\_\_ I/We agree that, upon enrolling our child(ren), we will be bound by definite financial

obligations to Hope Academy.

1. \_\_\_\_ I/We understand that the admission of our child(ren) to the school is subject to

administrative approval. All pertinent information regarding our child(ren) will be made available to the school administration.

1. \_\_\_\_ I/We understand that grade placement is determined by the administration.
2. \_\_\_\_ I/We certify that all the information on this application is complete and correct.
3. \_\_\_\_ I/We authorize Hope Academy to verify any of the information submitted herewith by further contact or follow-up.
4. \_\_\_\_ I/We have enclosed a copy of each child’s most recent report card, birth certificate and

immunization record.

1. \_\_\_\_ I/We realize that enrolment does not automatically entitle us to membership in the

Hope Academy Society.

1. \_\_\_\_ I/We realize that when the Board determines that the conduct of parent/parents is incompatible with the vision, mission, and/or goals of Hope Academy, the Board reserves the right to withdraw the privilege of membership and/or educational services from the aforementioned family.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Print) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Print) Signature Date



**Tuition Fee Form**

**Tuition: Cost per Family**

Cost for first student: $4,500/year  
Cost for second student: $2,250/year   
Cost for third student: $1,350/year  
Cost for three students and more will remain at $8,100/year

**Tuition Payment Options (Please check your payment option)**

**I/ We agree to pay:** (Check one option)

**\_\_\_\_\_\_\_ Annually** (Enclose cheque for full tuition payable Sept. 1/19)

**\_\_\_\_\_\_\_ Semi-annually** (50% of payment due Sept. 1/19 and 50% due on

or before (Feb. 1/20)

**\_\_\_\_\_\_\_ 10 month** (1/10th due the 1st of each month with cheques dated Sept.

1/19 to June 1/20)

(1 student: $450/month for 10 months)

(2 students: $675/month for 10 months)

(3 or more students: $810/month for 10 months)

TOTAL ANNUAL TUITION AMOUNT: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_