



## ELEMENTARY APPLICATION FORM 2017-2018

PLEASE PRINT

### PART A – STUDENT INFORMATION

STUDENT: \_\_\_\_\_  
*Surname* *Given Name* *Middle Name*

ADDRESS: \_\_\_\_\_  
*Street Number and Name* *Apt. #*

\_\_\_\_\_  
*City* *Province* *Postal Code* *E-Mail*

TELEPHONE NO. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

YEAR TO BE ENROLLED: \_\_\_\_\_ PRESENT AGE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_ GENDER: MALE  FEMALE

### PART B – FAMILY INFORMATION

FATHER/GUARDIAN: \_\_\_\_\_  
*Surname* *Given Name* *Middle Name*

ADDRESS: \_\_\_\_\_  
*Street Number and Name* *Apt. #*

\_\_\_\_\_  
*City* *Province* *Postal Code* *E-Mail*

TELEPHONE NO. (HOME) \_\_\_\_\_ (BUS) \_\_\_\_\_ (CELL) \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_  
*Surname* *Given Name* *Middle Name*

ADDRESS: \_\_\_\_\_  
*Street Number and Name* *Apt. #*

\_\_\_\_\_  
*City* *Province* *Postal Code* *E-Mail*

TELEPHONE NO. (HOME) \_\_\_\_\_ (BUS) \_\_\_\_\_ (CELL) \_\_\_\_\_

### PART C – CURRENT SCHOOL INFORMATION

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street Number and Name* *City* *Province* *Postal Code*

TELEPHONE NO.: \_\_\_\_\_

### PART D – TUITION AND PAYMENT SCHEDULE FOR 2017-2018

#### FULL-DAY

\$ 2,000 To be paid upon acceptance

\$ 5,950 To be paid by September 1, 2017 or upon enrollment

\$ 5,950 To be paid by February 1, 2018

\$ 13,900 TOTAL TUITION for academic year

OPTIONAL MONTHLY PAYMENT PLAN (includes a \$200 admin. fee): \$2000 DEPOSIT PLUS 10 POST-DATED CHEQUES DATED SEPT. 1/17 TO JUNE 1/18 OF \$1210 EACH. CHECK HERE FOR MONTHLY PLAN

A \$200 non-refundable application fee payable to Leonardo Da Vinci Academy is required with each application.

(continued on reverse)

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## PART E – CONDITIONS OF ACCEPTANCE

1. Children must be dropped off no earlier than 8:30 am and picked-up no later than 4:00 pm unless the child is enrolled in the extended hours programme\*.
2. An up to date "Immunization Record" must be provided upon acceptance or enrollment for each child.
3. The Academy reserves the right to withdraw a student if this is believed to be in the best interest of the student in question or if a student is deemed to inhibit the progress or safety of others.
4. A 2% per month interest charge will be applied to overdue fees.
5. Acceptance is conditional on meeting minimum enrollment requirements.
6. Tuition fee payments are **not refundable**. Parents/Guardians who choose to withdraw their student before year end will be held responsible for the entire tuition. Tuition payable is guaranteed by the parents/guardians signing the application.
7. Parents agree to allow the use of photographs, tapes, digital images or film in which they or their children are featured to be used for promotional or archival purposes by the school.

\* (A separate application for extended hours is available from the office)

I/We have read the conditions of this application and agree to abide by the stated terms and conditions. I/We acknowledge that any incorrect information provided may invalidate any agreement. If acceptance is granted I/we agree to be responsible for the full tuition.

DATED: \_\_\_\_\_

\_\_\_\_\_  
FATHER/GUARDIAN SIGNATURE

\_\_\_\_\_  
MOTHER/GUARDIAN SIGNATURE

### LDVA CAPITAL AND BUILDING FUND

*LEONARDO DA VINCI ACADEMY IS A NON-PROFIT ONTARIO CORPORATION AND A REGISTERED CHARITY*

Each new family is asked to make a minimum one time contribution to the LDVA BUILDING FUND. A donation of \$500 per family is suggested. An official charitable tax receipt will be issued to the donor for the full amount of any donation made to the Academy.

## FOR OFFICE USE ONLY

DATE OF ASSESSMENT: \_\_\_\_\_ DATE OF ADMISSIONS DECISION LETTER: \_\_\_\_\_

DATE STUDENT ENROLLED: \_\_\_\_\_

DATE STUDENT GRADUATED: \_\_\_\_\_  DATE STUDENT WITHDRAWN: \_\_\_\_\_

\_\_\_\_\_  
OFFICIAL, ADMISSIONS COMMITTEE

### TO BE RETAINED ON FILE AT LEONARDO DA VINCI ACADEMY

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE *DAY NURSERIES ACT*. QUESTIONS ABOUT THIS COLLECTION TO BE DIRECTED TO THE ACADEMIC HEAD AT LEONARDO DA VINCI ACADEMY.