



LAKESHORE SCHOOL REGISTRATION FORM

1555 Sydenham Road, Kingston, Ontario K7L 4V4 613-767-2776

(Please PRINT)

Application for Grade:		Desired Entry Date (Day/Month/Year) :	
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STUDENT INFORMATION	<input type="checkbox"/> Returning Student	<input type="checkbox"/> New Registration	Student OEN #:
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Last Name:	First Name:	Middle Name:
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Student information has not changed <input type="checkbox"/>

Address:	Apartment:
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City:	Province:	Postal Code:
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Telephone:	Cell Phone:	Student Email:
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Date of Birth (d/m/y)	Pronouns: He/Him <input type="checkbox"/>	She/Her <input type="checkbox"/>	They/Them <input type="checkbox"/>
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Current School:	Present Grade:
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Student Lives With:	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/>
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Send Correspondence To:	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/>
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Send Financial Correspondence To:	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/>
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PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Parent/Guardian information has not changed <input type="checkbox"/>

<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____

Last Name:	First Name:
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Address: <i>(If different from student)</i>

City:	Province:	Postal Code:
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Home Telephone:	Same as above: <input type="checkbox"/>	Work Phone:
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Cell Phone:	Email:
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Parent/Guardian 2

Parent/Guardian information has not changed <input type="checkbox"/>

<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____

Last Name:	First Name:
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Address: <i>(If different from student)</i>

City:	Province:	Postal Code:
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Home Telephone:	Same as above: <input type="checkbox"/>	Work Phone:
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Cell Phone:	Email:
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FOR STUDENTS TRANSFERRING FROM ANOTHER ELEMENTARY SCHOOL

Name, Address and Phone Number of Last School Attended:
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Does the student have an Individual Education Plan (IEP)?

Yes (Please attach) No

EMERGENCY CONTACT

Emergency contact information has not changed

Mrs. Ms. Mr. Dr. Other _____

Last Name: _____ First Name: _____ Relationship to Student: _____

Home Telephone: _____ Work Phone: _____ Cell Phone: _____

DOCTOR'S CONTACT INFORMATION

Doctor contact information has not changed

Name: _____

Phone Number: _____

Health Card Number: _____

Does your child have any medical issues or allergies? Yes No (If yes, please complete the Medical Form available in the Office.)

PERMISSION FOR SCHOOL TO RELEASE PERSONAL INFORMATION FOR SPECIFIC PURPOSES

Yes, the school is permitted to use this student's personal information (name, photograph, image, description, voice recording) for the uses described below and no other purpose.

No, the school is not permitted to use this student's personal information (name, photograph, image, description, voice recording) for uses described below unless otherwise noted:

- Publications sent to some or all households within the Lakeshore community.
- Communication material (news releases, backgrounders) that may be released to the media (e.g. awards, participation in organized events).
- The school website.
- Participation in an event where representatives of the media may be present (e.g. sporting events, community service projects).
- Social Media.

DOCUMENTATION PROVIDED

- Birth Certificate
- Immunization Card
- Health Card
- Medical Information Form
- Third Party Consent Forms
- Copy of Most Recent Report Card
- Copy of Most Recent IEP
- Copy of Psychological and/or Other Relevant Reports
- Consent To Transfer OSR
- Media Release

HOW DID YOU HEAR ABOUT US?

- Word of Mouth
- Newspaper
- Internet Search
- Other _____
- Website
- Facebook Page
- I Don't Recall

TERMINATION OF ENROLLMENT

Parents are required to provide Administration with written notice of their intent to withdraw their child from Lakeshore School prior to the date of withdrawal.

A student's enrollment at Lakeshore School may be terminated if they fail to maintain satisfactory progress, violate safety regulations, interfere with another student's learning, demonstrates bullying or abusive behaviour, is vulgar or obscene, is under the influence of alcohol or drugs, is consistently in violation of school policies or procedures, or whose parents do not make tuition payments in a timely manner.

Any unused portion of the tuition that has been paid (minus a \$1,000.00 processing fee) will be returned within 30 days of the student's withdrawal.

TUITION AND PAYMENT

PAYMENT METHODS:

Deposit: Please pay with either cheque or e-transfer payments@lakeshoreschool.ca

Tuition Payments: Please pay with either pre-authorized debit or post-dated cheques

PAYMENT PLANS

OPTION A (ten instalments)

(please tick if paying with this plan)

		DUE DATE	GRADE K-8
Cheque or E-Transfer	NON-REFUNDABLE DEPOSIT	Upon Registration	\$1,000.00
Pre-Authorized Debit or Post-Dated Cheques	1st PAYMENT	Aug. 1, 2023	\$1,350.00
	2nd PAYMENT	Sept. 1, 2023	\$1,350.00
	3rd PAYMENT	Oct. 1, 2023	\$1,350.00
	4th PAYMENT	Nov. 1, 2023	\$1,350.00
	5th PAYMENT	Dec. 1, 2023	\$1,350.00
	6th PAYMENT	Jan. 1, 2024	\$1,350.00
	7th PAYMENT	Feb. 1, 2024	\$1,350.00
	8th PAYMENT	Mar. 1, 2024	\$1,350.00
	9th PAYMENT	Apr. 1, 2024	\$1,350.00
		FINAL PAYMENT	May 1, 2024
TOTAL			\$14,500.00

OPTION B (Four instalments)

(please tick if paying with this plan)

		DUE DATE	GRADE K-8
Cheque or E-Transfer	NON-REFUNDABLE DEPOSIT	Upon Registration	\$1,000.00
Pre-Authorized Debit or Post-Dated Cheques	1st PAYMENT	Aug 1, 2023	\$3,375.00
	2nd PAYMENT	Oct. 1, 2023	\$3,375.00
	3rd PAYMENT	Jan. 1, 2024	\$3,375.00
	FINAL PAYMENT	Apr. 1, 2024	\$3,375.00
TOTAL			\$14,500.00

OPTION C (Full Payment)

(please tick if paying with this plan)

		DUE DATE	GRADE K-8
Cheque or E-Transfer	NON-REFUNDABLE DEPOSIT	Upon Registration	\$1,000.00
Pre-Authorized Debit or Post-Dated Cheques	FULL PAYMENT	Aug 1, 2023	\$13,500.00
TOTAL			\$14,500.00

*Family Discount: \$1000 off per student

INITIALS

Parent/Guardian 1		Parent/Guardian 2	
DATE			