

Required Documentation

- Completed and signed Application Form (this form)
- Copy of student's Birth Certificate or Passport
- Copy of student's Report Cards (current school year and previous two school years)
- Copy of PsychoEducational Assessment (dated within the last three years)
- Original diagnosis of ADHD if applicable (must be the original)
- Copy of the most current Individual Education Plan (IEP)
- Copies of additional external community support reports (dated within the last three years)
- Original copy of ASD assessment if applicable (must be the original)
- \$150 non-refundable application fee. Please contact the school directly at (604) 985-5224 to process this payment.

Student Last Name

Student First Name

Current Grade

Grade Applying For

Student Details

Legal Last Name

Legal First Name

Preferred Last Name

Preferred First Name

Date of Birth (DD/MM/YYYY)

Male

Female

Non-binary

Pronouns

Primary language spoken at home

Other language(s) spoken

Student Profile

Students learn best when their learning differences are understood and supported. Please help us understand your child so that we can fully assess how to support their individual academic, social and emotional needs.

1. School History (include current schooling; indicate if the student is being homeschooled)

Name of School Attended	Grade(s) Attended	From (MM/YYYY)	To (MM/YYYY)
			Current

Sibling Information

Sibling Name	DOB (MM/YYYY)	School Attending

Canadian Residency Status

	Canadian Citizen	Other*
Student	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian 1	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>

*Please provide details:

BC Residency Status

Do the parents/guardians currently reside in British Columbia? Yes No

First Nations & Residency

Does the student identify as First Nations? Yes No

If Yes, is the student currently living on Reserve? Yes No

If on Reserve, which First Nation?



Parent / Guardian Information

Parent / Guardian 1

Title(Optional)

Relationship

Guardian 1 Guardian 2 Other - please specify:

Last Name

First Name

Email

Preferred Phone

Full Mailing Address (including postal code)

Job Title

Employer / Business Name

Self-Employed
(complete fields to
the left as well)

Parent / Guardian 2

Title (Optional)

Relationship

Guardian 1 Guardian 2 Other - please specify:

Last Name

First Name

Email

Preferred Phone

Full Mailing Address (including postal code)

Job Title

Employer / Business Name

Self-Employed
(complete fields to
the left as well)

How did you hear about Kenneth Gordon Maplewood School? (Check all that apply)

- KGMS Website
- Online search
- Social media
- Publication
- Referring professional Other school:
- Personal recommendation from:
- Other:

**Please expand on any answers in the boxes provided, including where you have answered 'Yes' to a question. If space is insufficient, please add another sheet.*

Student Profile

1. Has your child ever repeated a grade or delayed starting a grade? Yes No

2. Has your child ever received primary instruction in another language (e.g. French Immersion)? Yes No

3. Has your child ever been asked to withdraw from a school (temporarily or permanently), or missed school for an extended period of time? Yes No

4. Has your child received educational support (such as learning assistance or tutoring) either at, or outside of school?

Yes No If yes, please specify provider's name, type of support, frequency and duration.

5. How would you describe your child?

6. How do you believe Kenneth Gordon Maplewood School could help your child?

7. What do you see as your child's greatest social/personal strengths?

8. What do you see as your child's greatest communication strength?

9. What do you see as your child's greatest academic strengths?

10. What do you see as your child's greatest social/personal stretches?

11. What do you see as your child's communication stretches?

12. What do you see as your child's academic stretches?



13. Describe any history of learning difficulties in your extended family: reading, spelling, writing, math and/or attention.

14. How does your child interact with others? Please include any challenges in school settings, with peers, and/or at home, *if applicable*.

15. Has your child experienced any emotional and/or mental health challenges? If so, please provide details.

16. Does your child have any chronic health and/or developmental concerns? *If so*, please provide details.

17. Are there any other factors you would like us to consider regarding your child's application to Kenneth Gordon Maplewood School?

I have included all pertinent documents

I will forward all outstanding documentation

***Please ensure that your child's name and Admissions Application is in the subject line**

Bursary Assistance

We believe that all children and youth, regardless of economic situation, deserve an education in a setting where they can learn and prosper. Every year, KGMS provides access to limited bursaries. Further details contact kpaziuk@kgms.ca

Please indicate if you anticipate applying for bursary assistance. Yes No

Parent/Guardian Acknowledgement

By signing below, I/we acknowledge that I/we have read and understand that:

Acceptance: The \$150 admission application fee is non-refundable. This application does not automatically guarantee an admissions interview or automatically admit my/our child to Kenneth Gordon Maplewood School. Kenneth Gordon Maplewood School reserves the right to make a final decision as to whether to proceed with the Admissions process based on the school's assessment criteria.

Wait pool: *If there is no space in the grade being applied to, and should the applicant be deemed by Kenneth Gordon Maplewood School to be a potential candidate for acceptance, I/we understand my/our child may be placed in a wait pool. It is understood that acceptance from the wait pool is based on best fit for the school, not first come, first served.*

Contract: *Should the child be accepted, it is understood that we will enter into a continuous enrollment contract with Kenneth Gordon Maplewood School and I/we will agree to pay all tuition and incidental fees as they become due in accordance with the contract.*

Non-discrimination: *Kenneth Gordon Maplewood School admits students of any race, colour, religion, ancestry, place of origin, sexual orientation, gender identity, or with any disability that can reasonably be accommodated by the school, to all rights, privileges, programs and activities generally accorded or made available to students of Kenneth Gordon Maplewood School. It does not discriminate on the basis of such factors in the administration of its admission, financial aid, educational, or employment policies.*

Accuracy of information: *All information in this Application Form and in any supporting documentation provided is true and up to date to the best of my/our knowledge. I/we have neither omitted nor embellished any facts relating to my/our child's application to Kenneth Gordon Maplewood School. I/we understand that if material information has been omitted from my/our child's application, Kenneth Gordon Maplewood School reserves the right to later withdraw an offer of acceptance or to terminate placement with continued obligation of tuition fees on me/us.*

Privacy of information: *Any information shared with Kenneth Gordon Maplewood School relating to my/our child's application is subject to Kenneth Gordon Maplewood School's Privacy Policy.*

Custody arrangements: *I/we have the right to make decisions about my/our child's education and that in submitting this application, I/we am/are not in breach of any custody arrangements or court order relating to my/our child.*

Parent/Guardian 1 Name

Parent/Guardian 2 Name

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)