



ANCHOR ACADEMY

Box 3015, Salmon Arm, B.C. V1E 4R8

Phone (250) 832-2754 Toll free 1 - 888 - 917 - 3783 Fax (250) 832-4379

website www.ark.net email anchor@ark.net

2008 - 2009 D.L. ENROLMENT/RE-ENROLMENT FORM

STUDENT'S NAME _____
LEGAL SURNAME _____ FIRST NAME _____ MIDDLE NAME _____

USUAL NAME: SAME AS ABOVE OR _____
SURNAME _____ FIRST _____

GRADE _____ PEN _____ / _____ / _____ BIRTHDATE _____ BIRTHPLACE _____ MALE FEMALE

ABORIGINAL ANCESTRY? YES STATUS INDIAN LIVING ON RESERVE - IF STATUS INDIAN LIVING ON RESERVE, INDICATE BAND CODE _____

PARENTS' NAMES _____

ADDRESS _____ CITY/PROV. _____ POSTAL CODE _____

HOME PHONE (_____) _____ FAX (_____) _____ EMAIL _____

WORK PHONE (_____) _____ CELL PHONE (_____) _____

PREVIOUS ANCHOR ACADEMY STUDENT Yes No If yes, indicate the most recent year _____.

I / We need Diagnostic Tests for placement in English, Math, Social Studies / Science, and Word Building. YES NO UNSURE

PLEDGE OF SUPERVISING PARENT(S)

I / We realize the following:

- Applications for enrolment to *Anchor Academy* programs are to be submitted annually. and

First time enrollees must fill out and submit the following as well:

- Student Record Release , Legal Residency of Parent, and Parental Consent forms, and
- Provide copy of the student's **Birth Certificate** and **Medical Care Card** (this is a requirement of the Ministry of Education).

I / We hereby agree to set up a learning environment in my (our) home for my (our) child which meets with minimum standards recommended by *Anchor Academy*.

I / We consent to co-operate with *Anchor Academy* in ensuring that proper procedures are followed by my (our) child in work habits, setting and fulfilling daily goals, scoring, and during testing. Furthermore, I / we pledge that by September 19th 2008, I / we will provide a passport size photo of my (our) child for student ID Card and other authorized uses, and all information and forms required for completion of my (our) child's annual enrolment.

I / We understand that *Anchor Academy* will provide course planning and delivery, plus assessment and reporting as required by the Ministry inspector(s).

This contract may be discontinued at any time upon written notice by either party to the other.

I / We hereby request the enrolment of my (our) child, _____, with *Anchor Academy* in the:

Adult Graduation Apprenticeship DL Standard (DLS) DL Individualized (DLI) French First Language (for gr. 1-3) Special Needs

Anchor Academy staff is excited to present our student bursary fund! We would like to see it grow, so that we can give it out to deserving students at the end of the year. We are hoping that every family can donate a gift to this fund. Every gift of \$10.00 or more will receive a tax deductible receipt.

I / We hereby agree to the terms of this program:

Father's signature _____ Date _____

(and/or)

Mother's signature _____ Date _____



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PARENTAL CONSENT

(for disclosure of parent and student personal information and publication of student personal information)

1. There are occasions when *Anchor Academy* personnel and other families request demographic information (name, address, phone, fax, email) of parents and children in the *Academy* for educational, social, or safety purposes. We need your consent to provide them with this information. We will not provide your personal information for business or commercial purposes to any outside group.

Yes, I give my consent for release of my home address and/or other contact information for purposes consistent with the above.

No, I do not permit the release of my home address and/or other contact information for purposes consistent with the above.

2. It is a tradition with *Anchor Academy* to allow *Anchor* staff, other parents, professional photographers, and the media to photograph individual students and groups of students to commemorate events, and to promote various educational, sports, and cultural events. Students' names, photographs, and comments may be published in the *Anchor Log*, in *Academy* yearbooks, on the school website, at curriculum fairs, or in the news media.

Yes, I give my consent for the publication of my child's name, photograph, and comments for the purposes consistent with the above.

No, I do not permit the publication of my child's name, photograph, and comments for the purposes consistent with the above.

PLEASE NOTE: AS LONG AS YOUR CHILD REMAINS AFFILIATED WITH ANCHOR ACADEMY, THIS CONSENT FORM WILL REMAIN IN EFFECT. IF YOUR SITUATION CHANGES AND YOU WISH TO RESCIND THIS CONSENT, PLEASE ADVISE THE ACADEMY.

Parent/Guardian name (please print) _____

Parent/Guardian signature _____ Date: _____

Student Name(s) (please print) _____