



ANCHOR ACADEMY

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

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

2007 - 2008 INTERNATIONAL PROGRAM ENROLMENT FORM

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

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

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

PREVIOUS SCHOOL _____

ADDRESS _____ CITY/PROV. _____ POSTAL CODE _____

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 (_____) _____

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 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 14th 2007, I / we will provide a passport size photo of my (our) child, and all information and forms required for completion of my (our) child's annual enrolment.

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

I / We realize the following:

- Applications for enrolment to *Anchor Academy* programs are to be submitted annually. First time enrollees must **enclose a one-time enrolment fee of \$50.00** and
- Complete a Student Record Release, Legal Residency of Parent, and Parental Consent forms, and
- A copy of the student's **Birth Certificate** and **Medical Care Card** must be sent as well (this is a requirement of the Ministry of Education).

Anchor Academy staff is excited to present our student scholarship 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 _____

Anchor Academy has a recruitment incentive program for first-time enrolling students. If applicable, please indicate below the name of the person who referred the above -named student to *Anchor Academy* as well as his/her phone number.

Recruiter's name: _____ Phone: (_____) _____