

Claremont Application Package

for

Please Print Student Name



2018/2019

Tuition Fee Schedule 2018/2019

The Claremont School Tuition Fee Schedule 2018/2019

Reservation deposit \$1,000 (non-refundable) payable March 20th, 2018.

Remaining fees may be divided and paid in four installments of \$4,125 to be accompanied by 4 post-dated cheques according the schedule below:

- 1st August, 2018
- 1st November, 2018
- 1st February, 2019
- 1st April, 2019

Total Payable: \$17, 500

There is no HST to be paid on school fees.

Additional fees:

- A one-time fee for all materials (\$300), clubs (\$50) and school trips (\$150) totaling \$500.00 is collected in the first term
- Cost for mandatory gym clothes: T-shirt and shorts/track pants
- Optional Specialty Clubs: archery, fencing, gymnastics, tennis depending on provider fees
- Overnight field trips



Claremont School

TUITION FEES AGREEMENT

The Claremont School 2018-2019 Application

With the understanding that _____ has been offered one of a limited number of places at the Claremont School for the 2018-2019 school year, and in consideration of this place being reserved, I, the undersigned, hereby agree that:

I will comply, and ensure that my child complies, with all policies and procedures as stated in the Parent Handbook 2018/2019 of The Claremont School, C-1, 310 Danforth Avenue, Toronto, ON M4K 1N6.

I shall be responsible for and shall pay the full outstanding annual tuition of the Claremont School, even if I withdraw my child during the school year unless the Principal agrees to waive remaining fees.

I shall pay any and all fees and extras in respect to my child as and when due. I enclose post-dated cheques / money order (please circle your choice).

I understand that the Claremont School reserves the right to ask for the withdrawal of my child from the school if the Principal and staff decide it is best for the child and for the school, or if the Code of Conduct is not followed and if the standards of behaviour expected by the school are not met.

I understand that my child has been accepted for admission to the Claremont School based upon the information provided with his/her application, and I understand that if this information is not accurate and complete, my child may be asked to withdraw.

I have chosen one of the available payment options, and have enclosed my non-refundable deposit of \$1000, if applicable, either post-dated cheques or money orders for the remainder of the fees, made payable to **Claremont Educational Services, Inc.**

Notice of withdrawal may be given by August 1st, 2018. On or after August 1st, 2018, the parent(s)/ guardian(s) or other accepting financial responsibility for a pupil become liable for payment of the fees for the full school year. If a student is asked to leave the Claremont School for any reason during the school year, tuition fees will be waived for every full term not attended and the fees charged will not include the non-refundable deposit of \$1000 and tuition fees for terms attended or attended in part.

Signature of Parent 1 / Legal Guardian:

Name of Parent 1 / Legal Guardian:

Signature of Parent 2 / Legal Guardian:

Name of Parent 2 / Legal Guardian:

Date:



Student Attendance, Progressive Discipline, Suspension, and Expulsion Policy

Attendance

Section 21.(1) of Ontario's *Education Act* requires every person to attend an elementary or secondary school on every school day from 6 years old until attaining 18 years old. Section 21.(5) requires the parent or guardian of a person who is required to attend school to cause that person to attend school as required, unless that person is at least 16 years old and has withdrawn from parental control.

To ensure optimal student success, education must be a consistent process, requiring continuous and active participation in the learning environment. Students must learn to work not only as individuals, but also with each other. This process involves the student in listening, cooperating, sharing, interacting, and experiencing mutual evaluations. Students must be able, both individually and in groups, to investigate, analyze, synthesize, generalize, and make intuitive leaps in the pursuit of knowledge. Regular attendance is, therefore, absolutely critical for the student's learning and achievement of course expectations. Students who habitually miss class will suffer in the evaluation process, because their participation and achievement cannot be fully assessed.

Parents are reminded verbally and in written communications throughout the academic year of the need for consistent attendance. Optional absences due to unscheduled holidays and social visits may impact a progress.

When absences are deemed to impact progress, a note will be sent home with the monthly Progress Report or end of term report. A meeting with the parent or guardian will be requested.

Should absences persist, the school may suggest an alternative program.

In order to ensure regular attendance, the Claremont School has adopted the following 3 step programme:

1. Attendance is required unless the student is medically unable to attend, or unless the Principal has, in advance, excused attendance on other medical or compassionate grounds. Even if the student is medically unable to attend, a doctor's note must be given to the Office where that inability to attend extends to 3 or more consecutive academic days. In any event, where, in the Principal's judgment, irregular attendance is jeopardizing the successful completion of a course of study, then the Principal will meet or, if a meeting is not possible, then otherwise communicate with the student, parents and guardians in order to fully explain the consequences of continued irregular attendance.
2. For the purposes of this step, a student shall only be determined to be medically unable to attend class if that student exhibits a medical disability that will reasonably and likely substantially interfere with that student's ability to learn in a classroom environment, as verified by a medical doctor's note. The Claremont School will provide missed work (from the last day attended, which can be completed independently. If the student has missed crucial instruction of material then any assignments related to this instruction will not be sent home.



3. Where
- (a) attendance is an essential component of a course of study; and
 - (b) a student and his or her parents or guardians have been informed of the necessity of regular attendance in the course; and
 - (c) the student continues to remain unwilling or unable to attend regularly, preventing delivery of the course material and appropriate remediation then that student may be delisted from enrollment at Claremont School.

Progressive Discipline

Progressive discipline is a whole-school approach that utilizes a continuum of prevention programs, interventions, supports, and consequences to address inappropriate student behaviour and to build upon strategies that promote and foster positive behaviours. When inappropriate behaviour occurs, disciplinary measures should be applied within a framework that shifts the focus from one that is solely punitive to one that is both corrective and supportive. Schools should utilize a range of interventions, supports, and consequences that are developmentally appropriate and include learning opportunities for reinforcing positive behaviour while helping students to make good choices. *The Claremont School* applies Collaborative Discipline Strategies, incentives, daily logs, student reflections, parent consultations/meetings, community service, withdrawal from field trips, loss of program incentives, and 'yellow notes'.

In some circumstances, short-term suspension may be a useful tool. In the case of a serious student incident, long-term suspension or expulsion, which is further along the continuum of progressive discipline, may be the response that is required.

A progressive discipline approach promotes positive student behaviour through strategies that include using prevention programs and early and ongoing interventions and supports, reporting incidents for which the principal must consider suspension or expulsion, and responding to incidents of inappropriate and disrespectful behaviour when they occur. Early intervention strategies will help prevent unsafe or inappropriate behaviours in a school and in school-related activities. Intervention strategies should provide students with appropriate supports that address inappropriate behaviour and that would result in an improved school climate. Some examples of such strategies are consultation with parents, detentions, verbal reminders, review of expectations, and/or written assignments with a learning component that require reflection.

Where inappropriate behaviour persists, ongoing interventions may be necessary to sustain and promote positive student behaviour and/or address underlying causes of inappropriate behaviour. Some examples of ongoing interventions are meeting with the parent(s), requiring the student to perform volunteer service to the school community, conflict mediation, peer mentoring, and/or a referral to counselling.



In considering the most appropriate response to address inappropriate behaviour, the following is taken into consideration:

- (a) the particular student and circumstances (e.g., mitigating or other factors);
- (b) the nature and severity of the behaviour; and
- (c) the impact on the school climate (i.e., the relationships within the school community).

Suspension, and Expulsion

The Ontario Ministry of Education has prioritized the critical need for Ontario schools (including not only the school property, but the school vehicles, and all school-authorized events and activities) to be places that promote responsibility, respect, civility, and academic excellence, all in a safe learning and teaching environment.

Suspension is traditionally a result **either of** persistent opposition to authority, which generally is demonstrated by habitual neglect of duty, or of conduct injurious to the moral tone of the school, or to the physical or mental well-being of other persons in the school.

Expulsion results only if the student’s conduct is so unmanageable (such as uncontrolled and persistent oppositional behaviour) that the student’s continued presence is injurious to students or other persons or causes ongoing disruption to the learning environment in the school.

This **Student Attendance, Progressive Discipline, Suspension, and Expulsion Policy** has been read, understood, and is accepted and agreed to.

Signature of Parent 1 / Legal Guardian:

Name of Parent 1 / Legal Guardian:

Signature of Parent 2 / Legal Guardian:

Name of Parent 2 / Legal Guardian:

Date:



Claremont School

LETTER OF UNDERSTANDING

The Claremont School 2018-2019 Application

Dear Parents,

We welcome your child to Claremont School and look forward to a productive year ahead. Due to our unique program and small student body, we try to ensure that new students will benefit from our academic programme by screening the students prior to entry. One very important criterion for acceptance is the ability of the student to adhere to our Code of Behaviour as outlined in the Claremont Parent Handbook 2018/2019. Serious and ongoing behaviour problems or disruptions are not acceptable in our school.

It can happen that during the first term various difficulties might arise in this transition period to a new school. We are mindful of this phenomenon; however, should behaviour issues become severe and ongoing, your child will be asked to leave.

Please sign this letter below indicating you have read and agree with this condition of entry.

Sincerely,

Evelyn Reiss, Principal

I have read this Letter of Understanding and understand and accept this condition for my child

Name of Student

to enroll at The Claremont School.

Signature of Parent 1 / Legal Guardian:

Name of Parent 1 / Legal Guardian:

Signature of Parent 2 / Legal Guardian:

Name of Parent 2 / Legal Guardian:

Date:



Claremont School

OSR REQUEST

The Claremont School 2018-2019 Application

FOR NEW STUDENTS ONLY

To the Guidance Office at:

Please forward the **Ontario Student Record** for student:

Surname:

First Name:

Middle Name:

I, _____ give my consent for the Transfer of the Ontario Student Record for _____ to The Claremont School

_____ is enrolled in Grade _____ at

The Claremont School
C-1, 310 Danforth Avenue
Toronto, Ontario M4K 1N6
416.778.6336
info@claremontschool.com

Signature of Parent(s)/Legal Guardians(s):

Signature Date:

This is to certify that this is a private school inspected by supervisory officials of the Ministry of Education and Training, Ontario.

I hereby agree to accept responsibility for the record, and to use, maintain, transfer and dispose of the record in accordance with the guideline for the Ontario Student Record.

Claremont School Principal (signature):

Name of Claremont School Principal:

Date:



Teacher Name:

Date:

Teacher Role:

Student Name:

Current Grade Level:

Student Learning Skills and Behaviour Checklist

Please circle the box that best represents your opinion of the student. If none of the answers represents an accurate response, feel free to add your own comment. If you do not have enough information to answer the question, please do not circle a response.

Participates well in a group	ALWAYS	OFTEN	SOMETIMES	WITH DIFFICULTY
Listens to instructions	ALWAYS	OFTEN	SOMETIMES	WITH DIFFICULTY
Listens to classmates	ALWAYS	OFTEN	SOMETIMES	WITH DIFFICULTY
Accepts school rules	ALWAYS	OFTEN	SOMETIMES	WITH DIFFICULTY
Seeks attention appropriately	ALWAYS	OFTEN	SOMETIMES	RARELY
Sustains focus	ALWAYS	OFTEN	SOMETIMES	RARELY
Shows perseverance	ALWAYS	OFTEN	SOMETIMES	RARELY
Trustworthy	ALWAYS	OFTEN	SOMETIMES	RARELY
Verbal communication	ARTICULATE	SATISFACTORY	LIMITED/OFF TOPIC	WITH DIFFICULTY
Social grouping	POPULAR	STABLE GROUP	FEW FRIENDS	ISOLATED
Classroom behaviour	EXCELLENT	GOOD	REQUIRES MONITORING	DISRUPTIVE
Recess behaviour	EXCELLENT	GOOD	REQUIRES MONITORING	DISRUPTIVE
Physical Coordination	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	BELOW EXPECTATIONS	INTERVENTION RECOMMENDED
Parent support of school policies	EXCELLENT	GOOD	LIMITED	NOT EVIDENT



Claremont School

TEACHER REFERRAL FORM

The Claremont School 2018-2019 Application
(CONTINUED)

Teacher Name:

Date:

Student Name:

Current Grade Level:

Current School:

Current School Address:

Current School Number:

Individual Education Plan developed? Yes / No

If yes, for which subjects

In what areas of the curriculum does this student have difficulty?

What are the student's areas of strength in terms of character, academics or extra-curricular activity?

Do you have any other comments or anecdotes that could help us gain an accurate understanding of this student's character?

Please return this form in a sealed envelope signed across the seal flap to:

c/o/ Admissions,
The Claremont School
C-1, 310 Danforth Avenue
Toronto, ON M4K 1N6



Claremont School

LEAVING SCHOOL PROPERTY RELEASE OF LIABILITY

The Claremont School 2018-2019 Application

I, _____ give my permission
for _____ to leave School Property
with the authorization of the Principal for field trips and school activities.*

I understand that my son/daughter will not leave school without the express permission
of the Principal.

Any student who does not return this form may not leave the school premises during
school hours.

The Claremont School does not bear any liability for any unaccompanied student who
has left school property.

Name of Parent / Legal Guardian:

Name of Student:

Signature of Parent(s)/Legal Guardians(s):

Date:

*Physical Education in public playing fields and study outside the school



Parent Contact Information

A list of parent contact information is useful for the Parent Council and Fundraising Committee. Such information will not be released to other parents without your consent. Please note that this information will not be shared with anyone outside the school community.

Student's Name:

Parent's Name:

Preferred means of contact: **E-mail** **Telephone**

Telephone 1:

Telephone 2:

E-mail Address:

Parent Contact List

The Parent Contact List is distributed to parents who may need to coordinate activities between students at the school.

Please include my information on the **Parent Contact List** **Yes** **No**

Please send me the **Parent Contact List** **Yes** **No**



Claremont **FIELD TRIP & CO-CURRICULAR** School **ACTIVITIES WAIVER &** **PERMISSION**

The Claremont School 2018-2019 Application

Assumption of risk: Participation in the programs offered by The Claremont School carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, sprain and strains to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death.

Waiver of liability: The undersigned hereby releases The Claremont School and Claremont Educational Services, Incorporated, its respective officers, employees, volunteers, agents, contractors of and from any and all claims whatsoever arising or which may arise by reason of the Child's participation in the Field Trip/Cocurricular activity including any claims due to personal injuries or illness excepting any such claim resulting from and /or arising out of the gross negligence of Claremont Educational Services, Inc and The Claremont School, its respective directors, officers, and employees.

The undersigned hereby releases Claremont School and Claremont Educational Services, Inc., its respective directors, officers, and employees from any claim arising out of any medical treatment the Child may require.

The undersigned acknowledges that should the Child fail to keep and obey all rules and regulations prescribed by Claremont School, its respective officers, and employees, while participating in the Field Trip/Co-curricular activity, Claremont School may, in its sole and absolute discretion, terminate the Child's participation in the Field Trip/Co-curricular activity without refund for the cost of the Field Trip/Co-curricular activity. In the case of a day trip, should it be necessary to return the Child to school, this would occur in the presence of a member of staff. Any additional costs incurred by reason of the termination of the Child's participation in the Field Trip/Co-curricular activity and/or as a result of the Child being sent home will be the responsibility of the undersigned.

PLEASE SIGN AND RETURN THIS COPY TO THE SCHOOL

I have carefully read this Waiver and Permission Agreement and fully understand the terms and conditions of it and agree to be bound thereby. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature for this to be a release of liability as stated in the waiver above. The Child has the undersigned's permission to participate in the Field Trips and Co-curricular activities arranged by The Claremont School and Claremont Educational Services, Inc. for the academic year 2017/2018 beginning September 5th and ending June 22th, 2018.

Signature of Parent 1/Guardian _____ Date: _____

Signature of Parent 2/Guardian _____ Date: _____



Student's Name _____

1. Informed Consent and Release

We may have the opportunity to use student pictures, writing and/or art work in publications and on our website. No names will be used. We will not submit pictures or work without your signed consent.

Yes, I give permission to the Claremont School to use my child's writing, artwork, and photographs in publications and on the Claremont's School website.

Signature of Parent / Legal Guardian: _____ Date: _____

2. Consultant Permission Form

In the event that outside professionals are involved in your child's remedial programme and/or psychoeducational testing, it would be helpful for us to share information regarding your child's work and progress at the Claremont School. In addition, programming is facilitated by open communication between teachers at the Claremont School and other teachers that have been or will be involved in your child's instruction.

By signing below you are giving your permission to allow teachers at Claremont [please specify names(s) of teacher(s)] _____ to communicate with

[please specify name of professional(s)] _____

Name of Parent / Legal Guardian: _____

Signature of Parent / Legal Guardian: _____ Date: _____

3. Field Trip Permission Form

As part of the programme, the Claremont School students will participate in a variety of field trips. We may walk, ask for transportation assistance from parents, use a private busing service, or public transportation. Before permitting your child to attend such field trips, we require the portion below to be signed by a parent or legal guardian and returned to the school.

Yes, I give permission to the Claremont School to use my child's writing, artwork, and photographs in publications and on the Claremont's School website.

Signature of Parent / Legal Guardian: _____ Date: _____

3. Claremont School Parent Agreement

Please read the Claremont School Parent Handbook carefully.

1. I have read the Claremont School Handbook containing the Claremont School Procedures and Policies.
2. I understand that the school-based procedures have been developed by the school's administrative team, and agree to follow the procedures and policies outlined in the Handbook.

Signature of Parent / Legal Guardian: _____ Date: _____



Claremont School

HEALTH INFORMATION

The Claremont School 2018-2019 Application

Applicant Information:

First Name: _____

Surname: _____

Birth Date: ____ (DD) / ____ (MM) / ____ (YYYY)

Health Card Number: _____

Vaccination/Immunization (check box):

Yes, I have included updated immunization/vaccination records **OR**

No, I have not included immunization/vaccination records; instead I have included a signed *Statement of Conscience or Religious Belief Affidavit 4897-64E*

Physician's Name: _____

Physician's Number: _____

Physician's Address: _____

Any serious illness, injuries or operations? Yes / No If yes, please specify:

Allergies: _____

Medications: _____

Any psychological/educational challenges or assessment? Yes / No

If so, please describe and provide copies if possible: _____

Please specify any medical condition of which we should be aware, physical or psychological, and attach any relevant reports. Please include any outside agencies involved or school specialist departments or teachers involved, such as social workers.



Claremont School

HEALTH INFORMATION

The Claremont School 2018-2019 Application

Applicant Information:

Student's Name: _____

Parent's Name: _____

Part A (In the last 6 months)

- My child has NOT experienced a head, neck or facial injury in school or at home.
- My child has experienced a head, neck or facial injury in school or at home.

If yes, please complete the following:

Date of Injury:	Diagnosis:	Treatment/Medication:	Symptoms to monitor at school:

Part B (In the last 6 months)

- My child has NOT experienced any infectious diseases requiring medication.
- My child has experienced any infectious diseases requiring medication.

If yes, please complete the following:

Date of Diagnosis:	Diagnosis:	Treatment/Medication:	Symptoms to monitor at school:

Part C

- My child does NOT have any on-going conditions requiring treatment.
- My child DOES have on-going conditions requiring treatment.

If yes, please complete the following:

Date of Diagnosis:	Diagnosis:	Treatment/Medication:	Symptoms to monitor at school:



Claremont School

EMERGENCY CONTACT FORM

The Claremont School 2018-2019 Application

Emergency Information—persons to be contacted in case of emergency.

Name of Student: _____ Grade: _____

Health Card #: _____ Copy of Immunization Card Submitted

Date of Birth: _____ Current Age: _____ Gender: _____

Home Address: _____

Postal Code: _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

First Contact Name: _____

Relation to Child: _____

Daytime Address: _____

Daytime Phone: _____ Cell Phone: _____

Second Contact Name: _____

Relation to Child: _____

Daytime Address: _____

Daytime Phone: _____ Cell Phone: _____

Third Contact Name: _____

Relation to Child: _____

Daytime Address: _____

Daytime Phone: _____ Cell Phone: _____

After school, my child will: walk home take the TTC take a private bus*
 be picked up [please list adult(s) below] other (describe):

Persons who may regularly pick-up child from school other than parents:

Name: _____ Relation to student: _____

Contact Number: _____

Name: _____ Relation to student: _____

Contact Number: _____

*IF YOUR CHILD IS TRANSPORTED BY A COMPANY, PLEASE PROVIDE PHOTO ID OF ALL DRIVERS, THE DRIVER'S LICENSE, COMPANY NAME AND CONTACT NUMBERS. PLEASE KEEP US INFORMED OF ANY CHANGES TO THE DRIVING SCHEDULE OR DRIVERS INVOLVED IN YOUR CHILD'S SCHEDULE.



Claremont School

ANAPHYLAXIS EMERGENCY PLAN

The Claremont School 2018-2019 Application

*** COMPLETE ONLY IF YOUR CHILD IS AT RISK OF ANAPHYLAXIS ***

Child's Name: _____ Date of Birth: _____

Home Telephone: _____ Date Completed: _____

Emergency Action Plan: (To be filled in by parent/guardian)

◇ Description of allergy:
◇ Monitoring and avoidance strategies:
◇ Signs and symptoms to look for:
◇ Actions to be taken in the event of an anaphylaxis reaction:

Claremont School Staff Roles and Responsibilities:

- ◇ Adhere to Claremont School's Anaphylactic Policy
- ◇ Staff will conduct a check to confirm child(ren) have their medication with them before each transition, (i.e. moving from the classroom to the gym, leaving for field trip, etc.)
- ◇ Administer medications and/or instructions as set out in child's Individual Plan and Emergency Procedures
- ◇ Staff is to remain with child until parent or guardian arrives.
- ◇ Staff will ensure administered epi-pen is given to parents or hospital for disposal.
- ◇ Written report to be filled out by staff dealing with emergency
- ◇ Serious Occurrence Report to be filed

Parent Agreement:

I _____ acknowledge my participation in the development of the preceding Emergency Action Plan and agree to execute reliably the parent commitments listed within it. I give my consent for the staff of the Claremont School to execute the child care commitment as outlined within the plan. In the event of an emergency, I authorize the school staff to administer the designated medication and obtain medical assistance. I agree to assume responsibility for all costs associated with medical treatment and absolve the Claremont School and its employees/volunteers of responsibility for any adverse reaction resulting from administration of the medication.

Parent Signature: _____ Print Name: _____

Emergency Contact Information in the event of an anaphylaxis reaction:

Name	Relationship	Home Phone	Work Phone	Cell Phone



THIS COMPLETES THE CLAREMONT APPLICATION PACKAGE.

**PLEASE SUBMIT ALL FORMS ON
PAGES 28 - 44 & SUPPORTING DOCUMENTS
BY MAIL TO:**

**Evelyn Reiss, Principal
CLAREMONT SCHOOL
C-1, 310 Danforth Ave.,
Toronto, ON M4K 1N6**

OR DIGITALLY VIA PDF TO:

**Evelyn Reiss, Principal
info@claremontschool.com**

Thank you!

Appendix





Claremont School

CLAREMONT MEDICAL ABSENCE FORM

The Claremont School 2018-2019 Appendix

If your child is absent for more than 2 days, please complete this form and return it to the school no later than 4 days from the onset of the absence.

To the Attending Physician:

Claremont School has a policy requesting a doctor's verification of the nature and effects of a student's illness when the student has been absent for more than two days from school. Although the School does not require an exact statement of diagnosis or treatment, any information the doctor feels may be of assistance will be helpful in determining how to program subsequently for the student.

Please complete the following:

Student Name: _____

1. General nature of illness and treatment and how this will affect the student's ability to attend school and/or do his or her school work.

2. What date did you see the student?

3. What date will the student be able to return to school?

4. Will the student be able to do school work or study at home? If so, for how long?

Signature of Attending Physician: _____ Date: _____

Address of Attending Physician:



I would like to volunteer for the following activity(ies) at Claremont School:

(please check)

- Parent Council**
- Fundraising**
- Field Trips**
- Special Events** (man school booth at conferences, set up for evening performances, prepare flyers)
- Other** (please describe):

Your Name: _____

Student's Name: _____

Email: _____

Phone Number: _____

Thank you!



Claremont
School

**CLAREMONT INTERESTING
PERSON SPEAKER SERIES**

The Claremont School 2018-2019 Appendix

Our students learn from the experiences of others who share their insight and enthusiasm through stories, presentations and demonstrations. Every year, we invite fascinating speakers from the world of law, art, literature, music and travel. These talks enrich the lives of our students and open up their imagination to possibilities they may wish to explore further. If you have a suggestion for a "Claremont Interesting Person" (C.I.P.) please submit this form to the Principal.

Thank you!

Claremont Interesting Person (C.I.P.):

Why this person is 'interesting':

Availability of C.I.P. if known:

C.I.P. Phone Number:

C.I.P. Email:

Recommended to Claremont by:

Date:



Claremont School

APPLICATION FOR CLAREMONT BURSARY

The Claremont School 2018-2019 Appendix

Bursaries are available through The Claremont Dyslexia Foundation, a not-for-profit foundation established to support students with dyslexia. The bursaries are awarded on the basis of need. If you would like to apply for a bursary, please fill in the form below and submit it with your application to the school. The amounts awarded range from \$500 - \$4000.

Student Name:

School Year:

Please state the reason for your application for a bursary (Attach a separate letter if you need to):

Total annual family income:

Number of dependents in household:

Annual financial obligations (mortgage, car payments, interest on loans) \$

Parent(s) own(s) a house/town house/condominium?: Yes / No (circle)

Other assets (RRSP, GICs, etc.) \$

The student has received Orton-Gillingham tuition (months/years)

Parent 1 Signature:

Date:

Print Name:

Parent 2 Signature:

Date:

Print Name:



Record of Meeting Form

Name of Student:	Grade:
Date:	
In Attendance:	
Topic:	

Outcome:	
Follow-Up/Parent Action:	
Follow-Up/School Action:	
Parent 1/Guardian Name:	
Parent 1/Guardian Signature:	Date:
Parent 2/Guardian Name:	
Parent 2/Guardian Signature:	Date:
Teacher/Principal/Designate Name:	
Teacher/Principal/Designate Signature:	Date:
Teacher/Principal/Designate Name:	
Teacher/Principal/Designate Signature:	Date:

Copy to Parents; Original to student file/OSR



Claremont School
C-1, 310 Danforth Avenue
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416.778.6336

www.claremontschool.com | info@claremontschool.com