



New Heights School & Learning Services

4041 Breskens Drive SW

Calgary, AB T3E 7M1

Phone: (403) 240-1312

Email: info@newheightscalgary.com

Website: www.newheightscalgary.com

**New Heights School & Learning
Services
Grades 1 to 12 : Ages 6 to 21**

Admissions Application Package

2018-2019

Student Name_____

Grade for 2018/19: _____



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Admissions Application Grades 1 to 12 : Ages 6 to 20

A student's placement at New Heights School & Learning Services is only considered upon receipt of a completed application, required documents and application fee.

Steps in the Admissions Process:

- ☐ Parents/guardians meet with the Admissions Coordinator for a tour of the school and to learn more about New Heights School & Learning Services. This meeting can be scheduled before or after submitting an application.
- ☐ Submit the admission application along with the application fee.
- ☐ New Heights will contact parents/guardians to set up a trial classroom experience for the student. Applicants are placed in an appropriate classroom based on age and social ability.
- ☐ If New Heights is determined to be an appropriate program to address your son/daughter's needs and strengths, there is availability in a suitable classroom, and New Heights has the staff, supports and services necessary for the student's future success, you will be notified by letter of your son/daughter's acceptance status, and will receive all the necessary information to enroll your son/daughter. *New Heights may request a trial or probationary period before confirming enrolment.*

Please note:

A student's name may be added to the wait list before parents have met with the Admissions Coordinator. The application fee secures a space on the wait list. However, a position on the wait list does not guarantee placement at the school. When space in a classroom becomes available, we consider the specific needs of not only the prospective student, but also the students currently in the class. The goal when selecting students for a class is to ensure we are able to provide an ideal learning environment for both the prospective student and the existing class. Therefore, placement is dependent upon the suitability of the position for a specific student.



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Thank you for your interest in seeking admission for your son or daughter at New Heights School & Learning Services. To ensure that you have all the necessary information and documents, we have provided a checklist. An incomplete form will result in a processing delay of your son or daughter's application.

- | |
|---|
| <input type="checkbox"/> A \$100.00 non-refundable application fee |
| <input type="checkbox"/> All questions completed in the School Application Package |
| <input type="checkbox"/> A copy of your son/daughter's birth certificate or proof of citizenship |
| <input type="checkbox"/> A recent wallet size color photo of your son/daughter |
| <input type="checkbox"/> Your son/daughter's Alberta Health Care number |
| <input type="checkbox"/> Your son/daughter's Alberta Education student identification number |
| <input type="checkbox"/> Copy of the diagnosis letter |
| <input type="checkbox"/> Copies of previous report cards (DO NOT send originals) |
| <input type="checkbox"/> Copies of your son/daughter's most recent Individual Program Plans |
| <input type="checkbox"/> Copies of recent Psychological assessments. Must be within the last 3 years. |
| <input type="checkbox"/> Recent therapy/intervention reports |
| <input type="checkbox"/> Signed Parent Volunteer Commitment Form and Post-Dated Cheque |
| <input type="checkbox"/> A completed bursary application (if applicable) |
| <input type="checkbox"/> A copy of parent custodial agreement (if parents are separated or divorced) |
| <input type="checkbox"/> Additional materials (if applicable) |

The \$100.00 non-refundable application fee includes:

1. The addition of your son/daughter's name to the New Heights School wait list
2. A preliminary file and document review

Please note: This application fee is completely non-refundable.



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Student Information		Date of Application: _____	
Legal Surname:		First Name:	
Middle Name(s):		Preferred Name/Nickname:	
Birthday (M/D/Y):		Age:	Gender:
Address:			
City:		Postal Code:	
Home Phone:			
Parent/Guardian Information			
Name of Parent:		Relationship to Student:	
Address: <input type="checkbox"/> as above			
City: <input type="checkbox"/> as above		Postal Code: <input type="checkbox"/> as above	
Home Phone: <input type="checkbox"/> as above		Fax:	
Work Phone:		Cell Phone:	
Company Name (if applicable):		Email:	
Name of Parent:		Relationship to Student:	
Address: <input type="checkbox"/> as above			
City: <input type="checkbox"/> as above		Postal Code: <input type="checkbox"/> as above	
Home Phone: <input type="checkbox"/> as above		Fax:	
Work Phone:		Cell Phone:	
Company Name (if applicable):		Email:	
Family Status: Single Parent Family____ Couple Family____ Blended Family____ Skip Generation Family____			
Languages spoken at home:			
Family Information			
Sibling Name:		Gender:	Age:
Sibling Name:		Gender:	Age:
Sibling Name:		Gender:	Age:
Sibling Name:		Gender:	Age:
Pet Name:		Type of Pet:	
Pet Name:		Type of Pet:	

FSCD Information (if applicable)	
Name of FSCD worker:	
FSCD contract status: <input type="checkbox"/> approved <input type="checkbox"/> under review <input type="checkbox"/> Other (specify):	
Date of contract: from _____ to _____	
Type of services: <input type="checkbox"/> Specialized Services <input type="checkbox"/> Aide Support Services	
Health Information	
Alberta Health Care Number:	
Physician's Name:	Phone Number:
Pediatrician's Name:	Phone Number:
Any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Any diet restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Is your son/daughter on any routine medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Any health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
To complete the application process, complete this form and attach a non-refundable application fee of \$100.	
_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
FOR OFFICE USE ONLY	
Documents Reviewed:	Documents Requested:
ASN:	



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Student's Name:	
2018/2019 School Program Tuition Fees On average, the cost of education for a special needs student is about \$40,000 per year. Funding comes from a combination of grants from Alberta Education, tuition fees, and fundraising. Tuition costs at New Heights for the 2018-2019 school year are \$12,000.00. Tuition costs are out-of-pocket costs to parents/guardians and are exclusive of any grants we receive from Alberta Education. The tuition fees paid by parents/guardians for the 2018/2019 School Year are \$12,000.	
Parents/guardians may choose one of three payment options:	
1. Entire year's tuition is paid by cheque or cash on or before August 1, 2018.	<input type="checkbox"/> I prefer this option
2. Half of year's tuition is paid on or before August 1, 2018 and the other half is paid on or before December 15 th , 2018.	<input type="checkbox"/> I prefer this option
3. Equal monthly payments made on or before the first day of each month, starting August 1 st and continuing each month until tuition is paid in full on or before May 1, 2019. Post-dated cheques must be submitted with the first payment.	<input type="checkbox"/> I prefer this option
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Parent/Guardian signature</div> <div>_____ Date</div> </div>	

Bursary Support

There are a limited number of bursaries available to assist economically-disadvantaged families. If you require a bursary, please request a bursary application form from New Heights at info@newheightscalgary.com. Application deadline for bursary assistance is March 16th, 2019. If you require financial support, please submit the bursary application with the completed admissions application.

☐ A bursary application form has been requested (Please check if applicable)

Income Tax Credit for Tuition

Tuition paid by parents may be claimed as medical tax credits if certain conditions are met. A letter written by a medical doctor or chartered psychologist must be submitted with your income tax form in order to be eligible for such tax credits. The letter must clearly state that the student has a diagnosis of Autism or other medical condition that requires the specialized services provided at New Heights School and must be dated prior to enrolment at New Heights. A letter from New Heights confirming enrolment and services provided, along with tuition tax receipts will be provided to you, upon request, prior to February each year. Please contact your tax advisor for clarification.

Person responsible for payment: _____

Responsible person's signature: _____

For office use only

Tuition payment received: _____

Bursary Application received: _____



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Student's Name:		Date:	
Person completing this form:			
What assessments has your son/daughter had in the past? Please attach most recent reports.			
Agency		Date	
What therapy/intervention has your son/daughter had in the past? Please attach recent reports.			
Agency/Therapist		Date	
Has your son/daughter attended other schools and/or programs? Please attach your son/daughter's most recent Individual Program Plan (IPP).			
Program/School		Date	

Does your son/daughter have a formal diagnosis? If yes, what is it?
Is your son/daughter aware of their diagnosis?
What are your son/daughter's greatest strengths?
What are your son/daughter's greatest challenges?
What strategies or accommodations have been most effective for your son or daughter to help him/her learn?
What are your son/daughter's favorite: Activities: _____ Books: _____ Movies or TV shows: _____ Computer/Video games: _____ TV or movie characters: _____
What activities does your son/daughter really enjoy: <input type="checkbox"/> Arts, crafts <input type="checkbox"/> Reading <input type="checkbox"/> Games <input type="checkbox"/> Computer <input type="checkbox"/> Outside activities <input type="checkbox"/> Sports <input type="checkbox"/> Other(s) _____
What activities does your son/daughter really dislike (please list): _____ _____ _____
What fears and anxieties does your son/daughter have?

Is your son/daughter sensitive to any of the following (check all that apply):

- ☐ Loud noises (please specify) _____
- ☐ Smells (please specify) _____
- ☐ Textures (please specify) _____
- ☐ Light (please specify) _____
- ☐ Physical touch (please specify) _____
- ☐ Changes in routine (please specify) _____

Social/Friendship Skills Questionnaire: (circle the most appropriate answer)

Does your son/daughter make friends easily? Yes No

Does he/she prefer: Many friends One or two close friends To play alone

Are most of his/her friends: Older Younger Same Age

Has your son/daughter ever suffered prolonged bouts of depression? Yes No

Is your son/daughter easily upset by peers? Yes No

When upset, does he/she: Withdraw Become destructive Become verbally abusive

 Become physically aggressive Cry Other: _____

Has your son/daughter ever received counseling? Yes No

If yes, by whom? _____

Where? _____

Has your son/daughter ever been suspended or expelled from school? Yes No

If yes, please elaborate: _____

Has your son/daughter ever been in trouble with the community or police? Yes No

If yes, please elaborate: _____

Executive Functioning Skills Questionnaire: (circle the most appropriate answer)

Does your son/daughter struggle with daily routines (ie morning routine, getting ready for school)?

 Yes Sometimes No

Does your son/daughter struggle with a homework routine? (*ages 12 and up only*)

 Yes Sometimes No

Does your son/daughter complete homework independently? (*ages 12 and up only*)

 Yes Sometimes No

Does your son/daughter do regular household responsibilities (ie chores)?

 Yes Sometimes No

Does your son/daughter complete household chores independently? (*ages 12 and up only*)

 Yes Sometimes No

What, in your opinion, are the five most important areas of learning for your son/daughter?

1.

2.

3.

4.

5.

What are your expectations for your son/daughter at New Heights?

How would you prefer to be involved in your son/daughter's program at New Heights?

☐ Daily communication between school and home

☐ Organizing activities, events, and fundraising (Parent Advisory Council)

☐ Other(s) _____

How did you hear about New Heights?

Is there any other information you wish to share? Feel free to use the back in order to add more information.



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The following information is required by Alberta Education and can affect the funding New Heights receives for each student. Please note, your answers here will not affect the extent or quality of programming your son/daughter receives at New Heights.

Student's Name:

Birthday (M/D/Y):

Address:

City:

Postal Code:

Birth Certificate, passport or immigration number:

(Please provide a photocopy of one piece of identification for your son/daughter. Alberta Education requires that we confirm each student's identity.)

Student's citizenship status:

Canadian citizen ☐ Landed Immigrant ☐ Other ☐

Francophone Rights

All Canadians have the right to be educated in French.

New Heights does not provide instruction in French. Do you waive your right to francophone instruction for this school year?

Yes, I waive my son/daughter's right to francophone instruction ☐

No, I do not waive my son/daughter's right to francophone instruction ☐

By not waiving your son/daughter's rights to francophone instruction, you must transfer your son/daughter to a school jurisdiction where French instruction is available.

Parent/Guardian Signature

Date

Witness Signature

Date

Declaration – 2018/2019 School Year



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AUTHORIZATION TO OBTAIN INFORMATION

Student's Name: _____ Birth date: _____

I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named student, do authorize New Heights School & Learning Services to obtain all pertinent information concerning my son/daughter's academic, medical, psychological and developmental history. This includes, but is not restricted to, health therapy evaluations and records, medical records, psychological evaluations, and neurological evaluations. These records will be held in strict confidence by the teachers, staff, and contracted therapists at New Heights School & Learning Services.

School/Agency/Professional: _____

Address: _____

Phone: _____ Fax: _____

School/Agency/Professional: _____

Address: _____

Phone: _____ Fax: _____

This release shall remain in full force and effect from the date of my signature until the completion of my son/daughter's education at New Heights School & Learning Services, unless I submit a written revocation.

Name of Parent

Date

Parent/Guardian Signature

Witness Signature

Please forward records to New Heights Learning School & Services at the address above.

Authorization to Obtain Information - 2018/2019 School Year



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AUTHORIZATION TO RELEASE INFORMATION

Student's Name: _____ Birth date: _____

I/We, the undersigned, being the parent(s)/legal guardian(s) of the above-named student, do authorize New Heights School & Learning Services to release all pertinent information concerning my son/daughter's educational and developmental history. This includes but is not restricted to health therapy evaluations and records, educational records, and psychological evaluations.

I, _____, authorize Agency/Professional _____

To disclose the following information _____

Address: _____

Phone: _____ Fax: _____

Disclose to: _____

For the following purpose(s) only: _____

Phone: _____ Fax: _____

This release shall remain in full force and effect from the date of my signature until the completion of my son/daughter's education at New Heights School & Learning Services, unless I submit a written revocation.

I understand why I have been asked to disclose this information & am aware of the risks or benefits of consenting or refusing to consent to disclose this information.

Name of Parent

Date

Parent/Guardian Signature

Witness Signature

Authorization to Release Information - 2018/2019 School Year



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Videography/Photography/Audio Release Form 2018.19

Student's Name: _____

Parent/Guardian's

Name: _____

I understand that the images and/or audio records are confidential material and will not be used outside the educational program without my specific consent. I understand that I may withdraw my permission by written request at any time.

New Heights School & Learning Services may use these photographic images, video segments or audio segments for reasons other than academic or therapeutic purposes; including the website, advertising, and brochures:

Initial Please choose one:

I give **consent** for my child's image and/or voice to be used for educational, training, and research purposes (e.g., in-services, conferences, events, etc.).

I **decline** to give consent for my child's image and/or voice to be used for educational, training, and research purposes (e.g., in-services, conferences, events, etc.).

Initial Please choose one:

I give **consent** for my child's image and/or voice to be used for New Heights promotional purposes (e.g., brochures, academic posters, banners, website, etc.).

I **decline** to give consent for my child's image and/or voice to be used for New Heights promotional purposes (e.g., brochures, academic posters, banners, website, etc.).

Initial Please choose one:

I give **consent** for my child's image and/or voice to be used for communication purposes in the New Heights newsletter published on the website.

I **decline** to give consent for child's image and/or voice to be used for communication purposes in the New Heights newsletter, published on the website.

Parent/Guardian
signature _____

Date: _____



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2018/2019

Dear Families,

We welcome you as you get to know this exceptional New Heights community!

Throughout the year, there are a number of ways to volunteer and be involved in the New Heights community. We have community events, our Parent Advisory Council, and fundraisers.

We are a small school and as such, we always welcome your help. In order to run our fundraisers, we need the support of our parents. There are many ways to help out. This is a great way to build our New Heights community, meet other parents, and enhance the educational opportunities of your son or daughter.

Our Parent Advisory Council (PAC) is an elected group of parents that promote the well-being and overall effectiveness of the school community. They also organize school community events and organize fundraising opportunities that, in the past, have provided financial resources and support for the school, thereby enhancing school programs, providing educational and therapy supplies, and ongoing educational opportunities for staff and parents. The PAC executive meets on the first Friday of each month at the school.

School community and fundraising events are a great chance to connect with other families and students and we encourage you to come out and join us! For any questions or comments, please contact our community liaison, Cassie Smith at cassie.smith@newheightscalgary.com.

Thank you,

New Heights School



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Parent Volunteer Commitment Agreement 2018.2019

As a family of New Heights, I/we choose:

Option 1: All of the below:

- To provide volunteers to cover at least 1 shift at the casino fundraiser (if held for 2018.2019)
- To provide one item for the PAC silent auction
- To volunteer a minimum of 5 hours of time for the 2018.2019 school year directed toward PAC or school organizational needs.

*(A post-dated cheque in the amount of \$350 must be attached on return and dated **January 1, 2019**. This cheque will only be cashed if volunteer hours are not fulfilled.)*

Or

Option 2:

In lieu of volunteering, I/we shall pay New Heights School & Learning Services \$350.00. A cheque must be attached on return and dated **October 1, 2018**. This cheque will be cashed on October 1, 2018.

Name(s):

(Please print)

Phone: _____

Email: _____

I/we choose:

Option 1: _____

Option 2: _____

Signature(s):

Please return form and cheque with your 2018.2019 registration package
All cheques are to be made out to **New Heights School & Learning Services**