



# New Heights

school & learning services

## Prospective Student Application 2020-2021

Grades 1 to 12 (Ages 6 to 21)

Student Name _____
Grade for 2020/21 _____

For Office Use Only	
Action	Signature



## **ABOUT NEW HEIGHTS**

**VISION:** A community dedicated to pioneering a bright future for individuals on the autism spectrum to live independent, confident, and purposeful lives.

**MISSION:** Preparing our kids for the community, and the community for our kids.

### **Steps in the Prospective Student Application Process**

- 1** 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.
- 2** Complete and submit this application, all required documents, and application fee to:  

**New Heights School & Learning Services**  
**4041 Breskens Drive SW**  
**Calgary, AB T3E 7M1**
- 3** New Heights Administration will review your application package and determine if our school has the staff, supports, and services necessary for your student's future success.
- 4** The Admissions Coordinator will contact you via email regarding the status of your application. There are 3 possible outcomes:
  - Accepted – you will be contacted to set up a trial classroom experience for your student
  - Accepted – placed on our waitlist
  - Not Accepted

### **For Out of Province Applications**

The following items are required to apply:

- A permanent Alberta address
- An Alberta Health Care card

Please contact our admissions coordinator at [info@newheightscalgary.com](mailto:info@newheightscalgary.com) if you require assistance



**Checklist**

An incomplete package will result in a processing delay of your student's application. We have provided a checklist to ensure that you have all the necessary information and documents.

- A \$100.00 non-refundable application fee
- Complete all pages of this package
- Copies of your student's birth certificate or proof of citizenship
- A recent wallet size color photo of your student
- Copies of recent Psychological assessments *(must include one within 3 years)*
- Copy of your student's diagnosis letter
- Copies of your student's report cards *(do not send originals)*
- Copies of your student's most recent Individual Program Plans
- Copies of recent therapy/intervention reports
- A copy of parent custodial agreement *(if parents are separated or divorced)*

**Who is filling out this registration?**

Name	Date (yyyy-Mon-dd)
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Demographic Information

Student Details		
First Name	Last Name	Middle Name
Preferred Name/Nickname	Date of Birth (yyyy-Mon-dd)	Age
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	Alberta Student Number	
Address		
Province	City	Postal Code
Parent/Guardian Details		
Name	Relationship to Student	Primary Phone
Secondary Phone	Occupation and place of employment (optional)	
Email address		
Address <input type="checkbox"/> same as above		
Province	City	Postal Code
Parent/Guardian Details		
Name	Relationship to Student	Home Phone
Secondary Phone	Occupation and place of employment (optional)	
Email address		
Address <input type="checkbox"/> same as above		
Province	City	Postal Code



Demographic Information Continued

Family Information		
Family Status <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Couple Family <input type="checkbox"/> Blended Family <input type="checkbox"/> Skip Generation Family		
Languages spoke at home		
<b>Complete the applicable information below</b>		
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	

Health Information

Alberta Health Care number	
Physician Name	Phone
Pediatrician Name	Phone
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	Diet restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____
Is your student on any routine medication? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	
Does your student have any health problems? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	



Government Support

Have you applied for Family Support for Children with Disabilities (FSCD)?		
<input type="checkbox"/> No – proceed to <i>School Tuition Commitment</i> section <input type="checkbox"/> Yes - complete this section		
Name of FSCD Worker	Contract Status	
	<input type="checkbox"/> Approved <input type="checkbox"/> Under Review <input type="checkbox"/> Other ( <i>specify</i> ) _____	
<b>For Approved Contracts</b>		
Start Date of Contract ( <i>yyyy-Mon-dd</i> )	End Date of Contract ( <i>yyyy-Mon-dd</i> )	<b>Type of Services</b>
		<input type="checkbox"/> Specialized Services <input type="checkbox"/> Aide Support Services

School Tuition Commitment

<b>School Program Tuition Fees</b>	
<p>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 cover school fees and school supplies. Tuition costs are out-of-pocket costs to parents and are exclusive of any grants we receive from Alberta Education.</p> <ul style="list-style-type: none"> <li>■ <b>The tuition fees paid by parents for the 2020-2021 school year are \$12,000.00</b></li> <li>■ If accepted, you will be required to pay this amount</li> <li>■ Sign below to confirm that you are aware of this tuition fee</li> </ul>	
Parent/Guardian Signature	Date ( <i>yyyy-Mon-dd</i> )
<b>Bursary Support</b>	
<p>There are a limited number of bursaries available from outside agencies to assist economically-disadvantaged families. Please be aware that applying for a bursary does not guarantee that you will receive the bursary.</p> <input type="checkbox"/> I am interested in applying for this bursary (if accepted, you will be contacted in January of 2021)	
<b>Income Tax Credit for Tuition</b>	
<p>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.</p>	



Commitment to the New Heights Community

<b>Student Name</b>	
At New Heights we <b>require</b> that each family contribute to our community by participating in all of the following tasks: <ul style="list-style-type: none"><li>■ Provide 1 silent auction item (<i>at least \$100 value</i>) for the Gala fundraising event*</li><li>■ Provide one bottle of wine (<i>at least \$20 value</i>) for the Gala fundraising event*</li><li>■ Provide volunteers to cover at least 1 shift at the casino fundraiser, if held for the 2020 - 2021 school year</li></ul> <i>* You may approach a business to have the item(s) donated on your behalf to satisfy this requirement</i>	
<b>Note</b> – If you are unable to meet this requirement a meeting can be arranged with our Executive Director to discuss.	
<b>Sign below to confirm that you are aware of this commitment</b>	
Parent/Guardian Signature	Date ( <i>yyyy-Mon-dd</i> )

Additional Opportunities

As our New Heights community is expanding, we are also looking to extend our reach into the greater community. We ask that you consider buying tickets to our Gala fundraiser event and bring a guest from your network to help spread the word about the great work that we do.  <input type="checkbox"/> I intend to purchase tickets to the Gala
At New Heights we ask that each family consider joining our volunteer email list. We have a variety of events throughout the year that thrive with volunteer participation. Examples include the Fundraising Gala, PAC's Winter Festival, etc.  Are you interested in joining our volunteer email list to be notified of volunteer opportunities? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify an email address _____



Student History

What schools and/or programs has your student attended?	
School/Program	Date (yyyy-Mon-dd)
What assessments has your student had? (remember to attach the reports)	
Agency	Date (yyyy-Mon-dd)
What therapy/intervention has your student had? (remember to attach the reports)	
Agency/Therapist	Date (yyyy-Mon-dd)





Student Information

Does your student have a formal diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____
Is your student aware of their diagnosis?
What are your student's greatest strengths?
What are your student's greatest challenges?
What strategies or accommodations have been most effective for your student to help them learn?
<b>Specify your students favourite:</b>
Activities
Books
Movies/TV shows
Computer/Video Games
Characters



What activities does your student enjoy?

- Arts and crafts
- Reading
- Games
- Computer
- Outside activities
- Sports
- Other (*specify*) \_\_\_\_\_

What activities does your student dislike? (*list below*)

What fears and anxieties does your student have? (*list below*)

Check if your student is sensitive to any of the following:

- Loud noises (*specify*) \_\_\_\_\_
- Smells (*specify*) \_\_\_\_\_
- Textures (*specify*) \_\_\_\_\_
- Light (*specify*) \_\_\_\_\_
- Physical touch (*specify*) \_\_\_\_\_
- Changes in routine (*specify*) \_\_\_\_\_

**Social Skills**

Does your student make friends easily?

- No
- Yes

What does your student prefer?

- Many friends
- 1-2 close friends
- To play alone

Has your student ever suffered depression?

- No
- Yes

Most of your student's friends are:

- Older
- Younger
- Same age

Is your student easily upset by others?

- No
- Yes

When upset, your student:

- Becomes destructive
- Becomes verbally aggressive
- Withdraws
- Cries
- Other \_\_\_\_\_



Has your student ever received counselling?

- No
- Yes

If yes, specify agency: \_\_\_\_\_

If yes, specify therapist: \_\_\_\_\_

Has your student ever been suspended or expelled from school?

- No
- Yes

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Has your student ever been in trouble with the community or police?

- No
- Yes

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

**Executive Functioning Skills**

Check if your student struggles with any of the following:

- Daily routines (*Ex: morning routine, getting ready for school*)
- Focusing on the current task
- Transitioning from one task to another
- Regular household responsibilities (*Ex: chores*)
- Homework (*if applicable*)

**What are the five most important areas of growth for your student?**

1

2

3

4

5



**Student Information Continued**

What are your expectations for your student at New Heights?

How did you hear about New Heights?

Is there any other information you wish to share?



<b>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 student receives at New Heights.</b>	
Student's Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	Birth Certificate, passport, or immigration number
■ Remember to provide a photocopy of one piece of identification for your student	
<b>Francophone Rights</b> ■ 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? <input type="checkbox"/> No, I do not waive my student's right to francophone instruction <input type="checkbox"/> Yes, I waive my student'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 (yyyy-Mon-dd)
Witness Signature	Date (yyyy-Mon-dd)