



APPLICATION PROCESS AND CHECKLIST JUNIOR KINDERGARTEN TO GRADE 1

Thank you for your interest in applying to Clear Water Academy. Admission is based on the information submitted via the application and requested documents. **An application will not be processed until all of the items listed below are received by the school.**

All Applicants must submit:

- Completed application form
- Individual Student Information Form
- Consent to Release Student Record – (to be submitted to CWA with application)
- Copy of student's Baptismal Certificate
- Recent, small photograph of student (can be emailed)
- Copy of most recent report card
- \$200 non-refundable Application Fee
- Student Evaluation Form - (please submit to child's school, preschool or daycare; they will forward the completed form to CWA)

Canadian Citizens:

- Copy of student's birth certificate

Non-Canadian Citizens:

- Copy of student's birth certificate **AND**
- a) Copy of student's Permanent Resident Card **OR**
- b) copy of parent's Work Permit

Upon receipt of the fully completed Application and Fee, we will contact you to advise of the next step in the application process. Your child's file will be forwarded to one of our Assessment Co-ordinators who will then contact you to set-up an assessment for your child.

Questions? Please contact Silvana Poissant (Admissions Manager) at
403-240-7916 or spoissant@clearwateracademy.com.



Attach recent picture of applicant here

Date of application: _____

School Year Applying For: _____
(Month and Year)

Grade Applying For: _____

Legal Name of Student: _____
(Last) (First) (Middle)

Also Known As: _____

Age: _____ Date of Birth: _____ Place of Birth: _____
(d / m / y)

Male: Female: Language(s) spoken at home: _____

Citizenship Status: _____
(If not a Canadian citizen, please provide a copy of Canadian residency documentation: ie. work permit, permanent resident card, etc.)

Religion: Catholic: _____ Other: (Please indicate) _____

Baptized Catholic First Communion Reconciliation Confirmation
Yes No Yes No Yes No Yes No

School History: (Please list all schools attended by the applicant beginning with current school.)

School	Location	Grades Attended	Reason for Leaving

Family Information:

Name of sibling(s)	Date of Birth (d/m/y)	Current School

How did you hear about Clear Water Academy (please check all that apply):

- Current or former CWA family Current or former CWA staff Other source. (Please specify): _____
Pls indicate _____ Pls indicate _____
- CWA website Electronic media Print media

Student's Last Name: _____ First Name: _____

Parent Information: (PLEASE PRINT)

Parent/Guardian Information #1

Title: Dr. Mr. Mrs. Ms. Miss

Name: _____
Last / First / M. Initial

Relationship to Student: _____

Address: _____

City/Prov: _____

Postal Code: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Place of Birth: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

Religion: _____

Parish: _____

Interests/Experience: _____

Parent/Guardian Information #2

Title: Dr. Mr. Mrs. Ms. Miss

Name: _____
Last / First / M. Initial

Relationship to Student: _____

Address: _____

City/Prov: _____

Postal Code: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Place of Birth: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

Religion: _____

Parish: _____

Interests/Experience: _____

Pt #1: Marital Status: Married Separated Divorced Widowed Remarried Single

Pt #2: Marital Status: Married Separated Divorced Widowed Remarried Single

Child lives with: Both parents Mother Father Guardian

Please fill out the following if parents are divorced or separated.

Who is the legal guardian? _____ Stepfather's Name: _____ Stepmother's Name: _____

Are reports and correspondence to be sent to both parents? Yes No (If no, please indicate which of the above is the mailing address.)

Please Note: If child is under joint custody agreement, Clear Water Academy requires signatures from both parents on this application form. If child is under the sole custody of a parent, Clear Water Academy requires a copy of the legal documents pertaining to this.

Student's Last Name: _____ First Name: _____

Parent Questionnaire:

Why are you seeking to enroll your child at Clear Water Academy, a Catholic school of Integral Formation?

What would you say are your child's qualities (strengths, talents and challenges)?

How best can Clear Water Academy help your child succeed in their education and formation?

Does your child have any known medical issues (physical or psychological)?

Would you like to volunteer at Clear Water Academy? If so, please indicate any areas of specialty/interest.

Is there any other information you would like to share?

I hereby certify that all information on this application, and all information requested by Clear Water Academy for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to Clear Water Academy is confidential and shall not be disclosed to anyone, including my family or myself. Notwithstanding the above, the Director of Admissions may disclose, for official purposes, any information at his/her discretion including, but not limited to, information provided to other schools.

PARENT (or guardian) SIGNATURES (Please note it is mandatory to have the signatures of both parents or legal guardians):

_____	Date _____
_____	Date _____



INDIVIDUAL STUDENT INFORMATION FORM

Name: _____

Entering Grade: _____

Start Date: _____

PLEASE CHECK THE APPROPRIATE BLANKS IN SECTIONS 1 – 3

1. Has your child been tested for/or has had:

- Giftedness
- Learning Difficulties
- Behavioural Difficulties
- Speech and Language Delay/Difficulties
- Attention Deficit Disorder
- Fine or Gross Motor Difficulties
- An Individual Program Plan (IPP)
- A Psycho-Educational Assessment
- A Psychological/Psychiatric Consult/Treatment
- Other – Please Specify _____
Where: _____
- My child has not received any special testing.

IF YOU ANSWERED **YES TO ANY OF THE ABOVE**, PLEASE SHARE WITH US ALL INFORMATION OBTAINED FROM THESE EVALUATIONS AND ATTACH OR FORWARD ANY COPIES OF TESTING AND/OR REPORTS TO **CLEAR WATER ACADEMY**. (*Permission to release information form enclosed*).

2. Has your child ever been in a special program for:

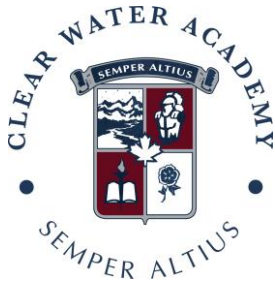
- Gifted and Talented
- Children with Learning Difficulties
- Children with Behavioural Difficulties
- Speech and Language Remediation
- Attention Deficit Disorder
- Fine or Gross Motor Difficulties
- Other – Please Specify _____
Where: _____
- My child has not been in any special programs

3. Has your child had remedial help/tutoring in:

- Mathematics
- Reading
- Comprehension
- Writing (Composition)
- Other – Please Specify _____
Where: _____
- My child has had no remedial help

I hereby certify that all information on this application, and all information requested by Clear Water Academy for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Parent Signature



STUDENT EVALUATION FORM JUNIOR KINDERGARTEN - GRADE 1

TO THE PARENT/GUARDIAN: Complete the top portion of this form and give it to your child's current school, preschool or daycare.

Student: _____ **Current Grade:** _____

Current School: _____

School Address: _____

I hereby give permission for you to release the information on this form concerning my child. I, the parent/guardian, understand that **I will not have access to this confidential information.**

Parent's Signature

TO THE TEACHER OR PRINCIPAL:

The student named above has applied for admission to Clear Water Academy. We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please email or fax the completed form to Clear Water Academy's Admissions Department. **Parents/Guardians will not have access to this confidential information.** Your insights will be used solely to help form a thoughtful admission decision which will result in the best placement for each child.

Length of time at this school? _____

1. Is English the primary language spoken in the child's home?

Yes No If not, please specify: _____

2. What are this child's greatest strengths/gifts? _____

3. What are this child's greatest challenges? _____

4. Rate the child on the following: 1 – Above Average 2 – Average 3 – Below Average

_____ Academic Progress
_____ Behavioral Development
_____ Social Maturity/Emotional Development

Please check appropriate boxes: 4 = Strength 3 = Age appropriate 2 = More time needed 1 = Area of concern

	4	3	2	1	N/A		4	3	2	1	N/A
Self-help skills (clothes, bathroom, lunch)						Social / Emotional					
Physical Development						Demonstrates good self-esteem					
Fine motor coordination						Demonstrates self-control					
Draws with detail						Acceptance of limits					
Uses appropriate pencil grip						Self-motivation					
Works with manipulatives						Interaction with peers					
Gross motor coordination						Interaction with teachers					
Body and space awareness						Separation from parents/caregivers					
Balance, gait, fluidity of movement						Ability to share & work cooperatively					
Participation in physical group activities						Ability to wait for turn					
Skill Development						Respect for own property					
Speech is clear and understandable						Respect for others' property					
Vocabulary						Focus & participation in group					
Ability to stay on discussion topic						Ability to work independently					
Tells story events in sequence						Curiosity					
Asks questions to extend understanding						Makes eye contact					
Recognizes uppercase letters						Attention span - self-chosen activity					
Recognizes lowercase letters						Attention span - assigned activity					
Recognizes numerals						Cooperative attitude					
Recognizes shapes						Transitions easily					
						Listens to directions					
						Follows directions					
						Completes tasks					

3. Describe any Difficulties (physical, learning, emotional, social, behavioral, language barriers or family situations) which may affect the child's progress.

4. Comments:

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions. **Please sign and send this completed form by email or fax to Clear Water Academy.** Indicate below the best date and time for us to contact the child's teacher, if required.

 Name of Person completing this report Title Date

Best time to contact if there are any questions:

Day: _____ Time: _____ Phone Number: _____

Email address: _____



PARENT CONSENT FORM – RELEASE OF STUDENT RECORDS

Name of Student: _____

Date of Birth: _____

Relationship to Student: _____

I, _____ hereby give permission to release to *Clear Water Academy* the following information (Report Cards, Attendance Records, Psychological - Educational Assessments, Speech and Language Reports, Occupational Therapy Reports, IPP's [Individual Program Plan], Testing Results and General Information from:

Name of School / District / Daycare / Pre-School

Signature of Parent/Legal Guardian

Date

Please send the Student Records to:

**Clear Water Academy
Admissions Department
2521 Dieppe Avenue S.W.
Calgary, Alberta T3E 7J9
Fax: 403-217-8043**



JUNIOR KINDERGARTEN AND KINDERGARTEN PROGRAMS

JUNIOR KINDERGARTEN

(Children must be four years of age by December 31st of the year they begin)

Program	Day of the Week	Hours
Junior Kindergarten Program #1	5 full days (Monday to Friday)	8:30 am to 3:30 pm
Junior Kindergarten Program #2	5 half days per week (Monday to Friday)	8:30 am to 11:30 am

KINDERGARTEN

(Children must be five by December 31st of the year they begin)

Program	Day of the Week	Hours
K – 5 Day Program	Monday to Friday	8:30 am to 3:30 pm

* Children must be toilet trained in order to enter programs.



FAMILY BOND PROGRAM

Clear Water Academy implements a Family Bond program to further strengthen our school. The Family Bond is effectively an interest-free loan to the school. The proceeds from the Family Bond are used to fund major capital upgrades and projects at the school such as the redevelopment of our current facilities and lands.

Participation in the Family Bond program is mandatory for all families with students entering Clear Water Academy attending Junior-Kindergarten, Kindergarten, or Grades 1 to 12. One bond is required per family, regardless of how many children attend.

The amount of the bond is \$10,000 per family. The Family Bond can be purchased by a parent, guardian or sponsor and must be purchased within 7 calendar days of acceptance at Clear Water Academy. The principal is redeemable upon the family's last student's departure from the school. Upon receipt of written notification, the bond will be repaid in full within 30 business days. Should a family have any outstanding fees owing, the bond will be repaid after the last school fee payment has been processed. If preferred, any outstanding fees can be deducted from the bond and the balance of the bond will be returned to the family.

If financing is required, families can make arrangements for a bank loan/line of credit and make monthly interest payments on that loan.

If you have any questions, please contact us at admissions@clearwateracademy.com or (403)240-7916 and we will be happy to assist you.