



# Claremont School

## REGISTRATION AGREEMENT

1. In consideration of the accepted enrolment of \_\_\_\_\_ into Claremont School (owned and operated by Claremont Educational Services, Inc.) as a student for the 2022-23 school year, I/We agree to pay all student tuition fees, and any other indebtedness incurred by the student, or on the student's behalf.

### 2. Returning Students

I/We agree to pay the student tuition fees for the 2022-23 school year as follows: Reservation deposit \$2,000 (non-refundable) payable by February 25th, 2022. Remaining fees (including materials fee) are divided and paid in four instalments of \$4,750 by 4 post-dated cheques (attached hereto) or pre-authorized direct bank deposit according to the schedule below:

Payment	1st	2nd	3rd	4th
Due	1st August	1st November	1st February	1st April
Amount	\$4750	\$4750	\$4750	\$4750

**Total Payable:** \$21,000, which includes a consumable materials fee (\$300), and activities fee (\$200). Tuition Fees are HST exempt.

### New Students

I/We agree to pay the student tuition fees for the 2022/2023 school year as follows: Reservation deposit \$2,000 (non-refundable) payable by February 25th, 2022 and a \$250 technology fee. Remaining fees (including materials fee) are divided and paid in four instalments of \$4,875 by 4 post-dated cheques (attached hereto) or pre-authorized direct bank deposit according to the schedule below. Fee schedule for K- Grade 1 is a separate application process.

<b>Payment</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>
<b>Due</b>	1st August	1st November	1st February	1st April
<b>Amount</b>	\$4875	\$4875	\$4875	\$4875

**Total Payable:** \$21,500, which includes a consumable materials fee (\$300), and activities fee (\$200). Tuition Fees are HST exempt.

#### **NOT INCLUDED IN PAYMENT**

This fee does not include any of:

- i. payment for daily transportation on our school shuttle bus;
- ii. mandatory gymnasium clothing (t-shirt, shorts/track pants, non-scuff running shoes);
- iii. optional additional cost specialty clubs, such as, archery, fencing, tennis, etc.; and
- iv. overnight field trips.

3. If any Tuition Fees are not received within one (1) week after being due and payable, then Claremont School reserves the right to immediately suspend the student, until either the overdue balance or the entire remaining balance for the academic year (such choice to be determined in the sole and exclusive discretion of the Principal/Director) is received.

4. I/We acknowledge that Claremont School is dedicated exclusively to the teaching of students with dyslexia from Grade 2 through 8. Claremont School offers a tailored curriculum designed by a Fellow of the Orton-Gillingham Academy Practitioners and Educators (AOGPE) for specific and intense remediation of reading, writing, and mathematics skills.

5. I/We acknowledge receipt, review, completion in full, and submission of the following application, upon which we understand Claremont School is relying to its detriment.

6. Both to ensure student success, and to confirm our ability to comprehensively meet student needs, the first one (1) month of a student's enrolment is a probationary period. Claremont School will ensure that each probationary student has reasonable opportunities to demonstrate their abilities, and to actualize their potential. These opportunities will include all of a testing of the student's skills, the student's ability to work in harmony with others, and an assessment of the student's future likelihood to succeed while enrolled in Claremont School. Probationary admission will be reviewed after the completion of one (1) month, and Claremont School will then confirm (or not) the successful completion of this probationary period, and the continued (or not) registration of the student.

7. I/We also acknowledge receipt, review and understanding of, and agreement with Claremont School's Parent Handbook (School Program and Course Calendar and Safe Schools Policy), Healthy Schools Policy, and Occupational Health and Safety Policy.

8. The student's enrolment can be terminated only by written notice of cancellation from one party to the other. Said notice shall be hand-delivered or mailed, postage prepaid, registered, return receipt requested, to the other party at the last known address. In the case of cancellation as a result of the student's expulsion, then Claremont School shall retain the absolutely non-refundable tuition deposit and pro-rated monthly payments for each month or part month of the academic year for which the student was in partial or full attendance, and Claremont School shall refund the net balance of Tuition Fees, if any, for each month of the academic year not yet commenced and so attended, within 3 months after cancellation. Cancellations for any reason other than expulsion do not result in any Tuition Fees refund or balance proration.

9. I/We understand, for the safety and security of all students and staff, that Claremont School and its agents reserve the right at any time or times, with or without notice, to conduct physical searches of the student's locker, backpack or any personal storage space and of his or her personal property, and I/we irrevocably consent to such searches.

10. I/We understand that there are always risks of student personal injury (temporary, permanent, or fatal), and damage to personal property, because of the activity-based academic, outdoor adventure and experiential, physical activity, and sports components of the school programme. I/we acknowledge,

accept, and assume these risks, and unequivocally and expressly consent to the above student's full participation in all of the above programme components.

11. During the above student's enrolment at Claremont School, I/we authorize and appoint the Principal/Director of Claremont School and her agents:

- i. to act as legal guardians of the above student;
- ii. to publicize (by electronic or print media) any and all photographs of, or including, the above student and their observations, conversations, and student products, taken in the usual or ordinary course of Claremont School's programming;
- iii. to deliver to the parent(s) and/or the guardian(s) of the above student all report cards, even if the above student is or becomes fifteen (15) years of age or older; and
- iv. to make all necessary decisions on the above student's behalf in all of these regards.

12. Claremont School is not responsible for the delay or failure to perform any of its obligations if that delay or failure is the result of an unforeseen event beyond the reasonable control of Claremont School (hereinafter referred to as a *force majeure* event). For the purposes of this paragraph, a *force majeure* event is agreed to be any act, occurrence, condition, or event beyond the control of Claremont School that materially affects the performance of Claremont School's obligations under this agreement that could not reasonably have been foreseen or provided against. Such events include, but are not limited to: acts of God; acts of governmental authority; acts of terrorism; brownouts; diseases; epidemics; endemics; fires; insurrections; military, national, or provincial declarations of emergency; natural disasters (including severe inclement weather); pandemics; power outages and interruptions; quarantines; riots; strikes; wars; and work stoppages and slowdowns. In the event of a *force majeure* event, all parents do hereby for themselves, their heirs, executors, administrators, successors, insurers and assigns release and forever discharge Claremont School, its administrators, successors, assigns, insurers, officials, officers, employees, servants and agents from any and all actions, causes of action, claims and demands for, upon or by reason of any damage, loss or injury, to person and property, including economic and monetary (tuition and other) loss, which may be sustained in consequence of the *force majeure* event. All parents agree not to make any claim or to take any proceedings against any

other person or corporation who might claim contribution or indemnity from Claremont School.

13. This Registration Agreement and all of the documents referred to herein constitute the entire agreement between the contracting parties concerning the subject matter hereof. All prior agreements, discussions, representations, warranties and covenants are merged herein. There are no warranties, representations, covenants or agreements, expressed or implied, between the parties except those expressly set forth in this agreement. Any amendments or modifications of this agreement must be in writing and must be executed by the contracting parties.

14. I/We acknowledge that I/we have read and understand this Registration Agreement, and acknowledge that I/we have had sufficient opportunity prior to signing to obtain independent legal advice with respect to it.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022

Signature of Parent 1 / Legal Guardian: \_\_\_\_\_

Name of Parent 1 / Legal Guardian: \_\_\_\_\_

Signature of Parent 2 / Legal Guardian: \_\_\_\_\_

Name of Parent 2 / Legal Guardian: \_\_\_\_\_

Student Signature (if required): \_\_\_\_\_

(The student must sign this Registration Agreement, if 15 years-of-age or older.)

Personal information is collected under the authority of Ontario's *Education Act*, and will be used for the establishment (if necessary) and maintenance of the Ontario Student Record in accordance with *The Ontario Student Record (OSR) Guideline, 2000*. Access to the OSR may be obtained by written request directed to the Principal/Director.

# OSR REQUEST

## \*FOR NEW STUDENTS ONLY\*

**To the Guidance Office at:**

**Name of School:** \_\_\_\_\_

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

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

who is enrolled in Grade \_\_\_\_\_ at Claremont School.

I, \_\_\_\_\_ give my consent for the transfer of the Ontario Student Record to Claremont School, 70 Silver Birch Avenue, Toronto ON M4E 3K9.

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

Signature Date: \_\_\_\_\_

I certify that Claremont School is a duly validated Ontario private school.

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.



\_\_\_\_\_  
Evelyn Reiss, Principal

# TEACHER REFERRAL FORM

**\*FOR NEW STUDENTS ONLY\***

Teacher Name:

Date:

Teacher Role:

Student Name:

Current Grade Level:

## 1. 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	<input type="checkbox"/>	OFTEN	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	WITH DIFFICULTY	<input type="checkbox"/>
Listens to instructions	ALWAYS	<input type="checkbox"/>	OFTEN	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	WITH DIFFICULTY	<input type="checkbox"/>
Listens to classmates	ALWAYS	<input type="checkbox"/>	OFTEN	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	WITH DIFFICULTY	<input type="checkbox"/>
Accepts school rules	ALWAYS	<input type="checkbox"/>	OFTEN	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	WITH DIFFICULTY	<input type="checkbox"/>
Seeks attention appropriately	ALWAYS	<input type="checkbox"/>	OFTEN	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	RARELY	<input type="checkbox"/>
Sustains focus	ALWAYS	<input type="checkbox"/>	OFTEN	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	RARELY	<input type="checkbox"/>
Shows perseverance	ALWAYS	<input type="checkbox"/>	OFTEN	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	RARELY	<input type="checkbox"/>

Trustworthy	ALWAYS <input type="checkbox"/>	OFTEN <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	RARELY <input type="checkbox"/>
Verbal communication	ARTICULATE <input type="checkbox"/>	SATISFACTORY <input type="checkbox"/>	LIMITED/OFF TOPIC <input type="checkbox"/>	WITH DIFFICULTY <input type="checkbox"/>
Social grouping	POPULAR <input type="checkbox"/>	STABLE GROUP <input type="checkbox"/>	FEW FRIENDS <input type="checkbox"/>	ISOLATED <input type="checkbox"/>
Classroom behaviour	EXCELLENT <input type="checkbox"/>	GOOD <input type="checkbox"/>	REQUIRES MONITORING <input type="checkbox"/>	DISRUPTIVE <input type="checkbox"/>
Recess behaviour	EXCELLENT <input type="checkbox"/>	GOOD <input type="checkbox"/>	REQUIRES MONITORING <input type="checkbox"/>	DISRUPTIVE <input type="checkbox"/>
Physical Coordination	EXCEEDS EXPECTATIONS <input type="checkbox"/>	MEETS EXPECTATIONS <input type="checkbox"/>	BELOW EXPECTATIONS <input type="checkbox"/>	INTERVENTION RECOMMENDED <input type="checkbox"/>
Parent support of school policies	EXCELLENT <input type="checkbox"/>	GOOD <input type="checkbox"/>	LIMITED <input type="checkbox"/>	NOT EVIDENT <input type="checkbox"/>

2. Current Individual Education Plan? Yes  No  (If yes, please attach a copy.)

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

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



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

6. Please return this form in a sealed envelope signed across the seal flap to Claremont School, 70 Silver Birch Avenue, Toronto ON M4E 3K9.

## HEALTH INFORMATION

### Student

First Name:

Surname:

Birth Date:

Health Card Number:

### Vaccination/Immunization

Yes - I have attached updated immunization/vaccination records OR

No - I have attached the required and duly executed Statement of Conscience or Religious Belief

Physician's Name:

Physician's Telephone Number:

Physician's Address:

Any serious illness, injuries or operations?

Yes  / No

If yes, please specify:

Allergies/Food  
Sensitivities:

Medications:

Any psychological/educational challenges or  
assessment? Yes  / No

If yes, please describe and attach assessment copies.

Please specify any medical condition of which we should be aware,  
physical or psychological, and attach any relevant reports. Or  
initial below N/A.

# EMERGENCY CONTACT FORM

**First Contact Name:** \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Home Address//City/ Postal code: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Second Contact Name:** \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Home Address/City/Postal code: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Third Contact Name:** \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Home Address/City/Postal Code: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If different from the contacts above, please enter:

**Parent Name 1:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Home Address/ City/ Postal Code: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent Name 2:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Home Address/City/Postal Code: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

After school, my child will:  walk home on their own  take the TTC independently  
 be picked up [please list adult(s) below]  other  
 (describe):

Persons who may regularly pick-up child from school other than parents:  
 Name 1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship 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 YOUR CHILD'S SCHEDULE.**