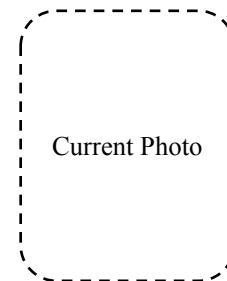




Application Form for Grade 9 to 12

STUDENT INFORMATION:

Last Name: _____ First Name: _____
Date of Birth: _____ (MM/DD/YY) Age: _____ Grade: _____ Gender: M / F
Telephone: () _____ Email: _____
Home Address: _____
Citizenship: _____ Country of Origin: _____
Passport No: _____ Country of Issue: _____ Expiry Date: (MM/DD/YY) _____
Language(s) Spoken: _____



EDUCATIONAL ACHIEVEMENT: (Please submit Transcripts)

1) Current School: _____ Phone Number: _____
Address: _____ Postal Code _____
From: _____ (MM/YY) to: _____ (MM/YY) From Grade _____ to Grade _____
2) SAT / ACT Score (if achieved): _____ Date: _____ (MM/YY)
3) TOEFL / IELTS Score (if achieved): _____ Date: _____ (MM/YY)

PROGRAM / SCHOOL TERM APPLYING: (check all that apply)

- Summer 2019 1st term-September 2019 January 2020 2nd term-February 2020 Summer 2020
 International/ESL Student Program Baseball Academy – beginning September 2019
 RICC Online – beginning February 2020 Cheer Program
 Performing Arts Program Fencing Program – beginning September 2019
 STEM Academy Knights Football Academy
 I am applying for a program other than RICC Online but am interested in taking an online class or two

School Uniform / Travel Apparel:

Indicate your measurements:

Waist size (in cm) _____ Chest Size (in cm) _____ Shoulder Size (in cm) _____
Clothing Size: (S) Small, (M) Medium, (L) Large, (XL) Extra Large, (2XL) 2X Extra Large, etc....
Jacket Size _____ Golf Shirt Size _____ T-Shirt Size _____ Pant Size _____

STUDENT PROFILE:

HOBBIES/INTERESTS:

- Basketball Golf Tennis Track & field Martial arts Other _____
- Dance Visual art Drama Modeling Vocal music Instrumental
- Technology/photography Film/movies Reading Drawing Painting
- Student council Debate club Coding club Mock United Nations
- Robotics Computer programming Science fair
- Video gaming Other: _____

***RICC's ability to offer enrichment in any of the following areas would be dependent upon sufficient student interest and instructor availability**

SUBJECTS OF INTEREST IN SCHOOL:

- English Math Science History Geography Social studies
- Art Music Drama French Languages Physical education
- Business Computer programming Other: _____

Potential area of post-secondary study: _____

Are you interested in learning a new language at RICC? (These are our most common languages spoken here):

- Mandarin Portuguese Spanish Other: _____

Are you interested in prep sessions for any of the following? (*extra charges may apply*)

- SAT/ACT IELTS/TOEFL Ontario Secondary School Literacy Test (*graduation requirement*)

HABITS:

Bed Time: usually _____ Wake up: usually _____

I shower usually in the mornings evenings

For breakfast, I typically eat bacon and eggs toast or cereal oatmeal fruit I don't eat breakfast

Other: _____

I consider myself shy sometimes shy outgoing

I prefer to have a roommate from the same culture/background from a different culture/background

(Please note: preference is not always possible to accommodate)

PARENT/GUARDIAN INFORMATION:

1) PARENT (Father)/GUARDIAN

Last Name: _____ First Name: _____
Date of Birth: _____ (MM/DD/YY) E-mail: _____
Telephone: () _____ WeChat (or other media): _____
Home Address: _____

2) PARENT (mother)/GUARDIAN

Last Name: _____ First Name: _____
Date of Birth: _____ (MM/DD/YY) E-mail: _____
Telephone: () _____ WeChat (or other media): _____
Home Address: _____

CUSTODIAN INFORMATION (WITHIN CANADA):

Last Name: _____ First Name: _____
Date of Birth: _____ (MM/DD/YY) E-mail: _____
Telephone: () _____ WeChat (or other media): _____
Home Address: _____ Postal Code _____

MEDICAL CONCERN(S):

Are all immunizations up-to-date? Yes/No *(please submit the most updated copy)*

Is there a Medical Insurance Coverage? Yes/No *(please submit the most updated copy)*

PERSONAL MEDICAL INFORMATION:

Health Card Number: _____
Family Doctor: _____ Doctor's Phone #: _____

Please review and indicate if any of the following conditions applies to the student:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> None of the above |

Other Conditions or any behavioural issues: *(please specify)* _____

Allergies/Food Allergies/Diet Requirements: _____

Epi Pin Required: Yes/No *If yes, please complete "Severe Allergies Alert Form"*

Inhaler/Puffer Required: Yes/No *If yes, please complete "Severe Allergies Alert Form"*

The student is allowed to take the following non-prescription medications:

- () Advil () Antihistamines () Aspirin () Cold Medicine
() Cough Medicine () Midol () Tylenol () Other

Other medications that the student is allowed to take: Please list all medications taken routinely (including over-the counter and prescription products, and whether taken by mouth, on skin, in eyes, etc.).

Name of Medication: _____ Dosage: _____

Name of Medication: _____ Dosage: _____

Any medical condition(s), prescription(s) used or other information which RICC staff should be aware:

All medication must be witnessed by a school staff member who will document the date, time, type and dosage of medication taken.

Please specify disability, if any: _____

Please specify any sports-related injuries: _____

Have you had any concussions: Yes / No If So, how Many: _____

OPTIONAL AIRPORT PICKUP SERVICE:

Airport pickup service at \$100 for RICC Students and Parents is available when requested in advance. This service will benefit new dorm students on their first arrival.

Airport pickup is not required

Please arrange airport pickup (please submit flight details) _____

FIELD TRIP AND OTHER SCHOOL ACTIVITIES:

RICC will arrange a number of activities, trips, and excursions throughout the school year to provide social development and learning opportunities. Detail information will be provided to students prior to event. Additional fees may be required.

OUR MEAL ARRANGEMENT:

- 3 meals plus evening snack will be served every weekday,
- 2 meals plus evening snack will be served on Saturdays, Sundays and holidays.
- Meals are served at scheduled times only; students are responsible for their own food at their own cost if they miss the scheduled serving times. No refunds are made for missed meals.

WINTER BREAK (CHRISTMAS HOLIDAYS) ARRANGEMENT

I will be making arrangement for my child for the school winter break.

My child will be staying in Canada during the school winter break. I understand additional costs will be charged by the school.

ACCOMMODATION PREFERENCE:

With Parents/Relatives RICC Residence, room shared, arranged by school Off-campus/homestay

With Custodian RICC Residence, single-room (extra costs apply)

TERMS AND CONDITIONS:

TUITION PAYMENT:

I have read, understand and agree that all fees paid are non-refundable, non-transferable and subject to change without notice. A full refund policy is, however, provided with admission offers to address any and all unexpected circumstances.

MEDIA WAIVER:

I authorize the student's name/photo/video/voice to be used for school promotional purposes in all forms of media, including the school web site and all social media marketing.

REPORT CARD AND TRANSCRIPT:

I authorize RICC to send my report card/transcript to the student's parents, guardian, custodian and/or agent.

MEDICALWAIVER:

I authorize the on-call school physician, house master, principal, or headmaster of RICC to sign operative and anesthesia permits on my behalf, for the student as thought necessary by a physician or surgeon. I also authorize first aid measures by the best qualified person on hand at the time of any emergency. I hereby waive any claims against anyone who administers first aid. I understand RICC will try doing its best to reach me prior to any treatment or surgery. I agree that any expenses incurred under this circumstance will be the responsibility of the student's family.

TERMS FOR ALL APPLICANTS:

- 1) The student named here agrees to abide by the rules and regulations of RICC outlined in the RICC Students' Handbook. I understand that RICC staff has sole responsibility for the interpretation of the school's rules, regulations, and policies. I agree that the principal and headmaster have the right to remove students from the dormitory, and/or expel students from school for disciplinary reasons, and agree that the all fees paid are forfeited in the case of suspension, expulsion, or other removal from the school or school activities.
- 2) Even though the parent(s), as the natural guardians of their children, have the right and responsibility for the custody, care and education of their minor children, parental authority is temporarily revoked by the school authorities during the time that the children are enrolled in the school and dormitory. The legal principle of "in loco parentis" is from the time the student arrives on campus and signs in until the student signs out. The school also assumes "in loco parentis" on all school activities for those students in its charge.
- 3) RICC will undertake custodianship of the student during their stay in the RICC dormitory. Once the student no longer resides in the dormitory, custodianship will be transferred back to the parents and/or guardian upon departure.
- 4) I hereby certify that all the information provided here is accurate and complete. It is the parent/guardian/custodian's responsibility to provide RICC staff in writing to update all changes.
- 5) I also agree to release/underwrite RICC and all its Employees, Director, Officers and Agents from all claims for damages resulted from any injury, accidents, or actions due to participation in any school activities on or off RICC grounds.

By signing below, I/We have read, carefully considered, and agreed with the contents of this Application Form.

STUDENT

Name: _____

Date: _____ (MM/DD/YY)

Signature: _____

PARENT/GUARDIAN

Name: _____

Date: _____ (MM/DD/YY)

Signature: _____

PARENT/GUARDIAN

Name: _____

Date: _____ (MM/DD/YY)

Signature: _____

CUSTODIAN(within Canada)

Name: _____

Date: _____ (MM/DD/YY)

Signature: _____

WITNESS (must be an adult)

Name: _____

Date: _____ (MM/DD/YY)

Signature: _____