



## **ADMISSION PROCEDURES**

### **How to apply:**

- 1) Parents contact Quintilian to set up a Parent Visit.
- 2) Parents meet with school representatives for Parent Visit.
- 3) **Complete and submit the application form with a one-time non-refundable application/child visit fee of \$100.00.**

### **Student Visits**

- 1) Arrange a child visit at the school.
- 2) This visit will be scheduled for part or all of a regular school day.
- 3) The teacher may ask you to bring any relevant documentation including recent assessments and/ or report cards.

### **Acceptance Criteria**

- 1) Acceptance will be based upon the personal interview, school visit, and academic needs.
- 2) The student's ability to participate in our environment in an appropriate manner, consistent with Quintilian's code of conduct, will be considered.
- 3) Quintilian's compatibility with your child's needs.
- 4) Availability of space.
- 5) Students enrolled at Quintilian will be on a six-week trial period during which time the school staff will evaluate the student's academic ability, social interaction and demonstrated effort to adapt to the school's program.

### **Other**

- 1) Inquiries are welcome throughout the school year at [info@quintilianschool.org](mailto:info@quintilianschool.org) or 613 542 0400
- 2) Admission may occur at any time during the school year provided there is a seat available.
- 3) Parent Visits and Student Visits begin in April for Fall Admission.
- 4) All admission forms must be completed in full prior to the Student Visit.



## **REGISTRATION INFORMATION**

Name of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade in 09/17: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION #1**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different than

child) \_\_\_\_\_

\_\_\_\_\_

**Please circle the phone number you prefer to use as your default during the school day.  
Please provide us with an email address you check frequently.**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Work Phone Cell Phone Home Phone

Email: \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION #2**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different than

child) \_\_\_\_\_

\_\_\_\_\_

**Please circle the phone number you prefer to use as your default during the school day.  
Please provide us with an email address you check frequently.**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Work Phone Cell Phone Home Phone

Email: \_\_\_\_\_



## **EMERGENCY CONTACTS**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to  
child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to  
child: \_\_\_\_\_

## **AUTHORISED FOR PICK-UP**

**Those listed here may pick up your child from school without an individual authorisation email being sent to the school for every instance.**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **MEDICAL INFORMATION**

Child's Full Name: \_\_\_\_\_

Gender: Male  Female

Health Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## **FAMILY DOCTOR**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MEDICATION**

Does your child have allergies?

Yes

No

Please specify:

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Does your child have an Epipen for allergic reactions?

Yes

No

Does your child take any other medications?

Yes

No

Name(s)

Reason(s):

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Does your child take medication during the school day?

Yes

No

Dose Instructions:

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**Other Medical Information**  
**Emergencies or Injuries**

Students are advised that they must report to the supervising staff in an emergency or if they are injured. If the school is unable to reach the parents or other authorized persons, as per the personal information sheet, and if the situation warrants an ambulance, one will be called. However, parents are responsible for any ambulance expenses.

In the parents' absence, an adult will accompany the student from the school if he/she must be transported by ambulance.

We/I understand that we/I will be responsible for any ambulance expenses if our/my child needs to be transported by ambulance from school.

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Signature of Parent/Legal Guardian

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Date



## **SCHOOL ACTIVITIES AND OUTINGS PERMISSION FORM**

During the school year your child will be involved in activities and excursions that take place off school property. Please sign permission for these regular and local excursions for the school year 2016 – 2017. In the event of a special event or more extensive travel, additional individual permission will be required. Every attempt will be made to notify you of all short trips and excursions.

### Special Outings:

Additional school trips will be arranged throughout the year to enhance and enrich the students' experience at Quintilian.

### Transportation of Students

Students will be transported by school staff vehicles for most small outings. Quintilian School staff will supervise the activity or excursion and every precaution will be taken to ensure the safety of all concerned.

### **Parental/Guardian Agreement**

I, \_\_\_\_\_ Parent/Guardian of: \_\_\_\_\_  
agree to my child participating in the school activities and outings that are a part of the school program.

I understand and agree to my child being transported on these outings by a staff/owner member in a staff/owner's vehicle. I hereby release, waive and forever discharge Quintilian School (1745129 Ontario Inc), and their employees of and from all claims arising from participation in any activity unless such injury, loss or damage is caused by the sole negligence of Quintilian.

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

\_\_\_\_\_  
Date

### **Permission for Physical Education**

I give permission for my child \_\_\_\_\_ to take part in all aspects of the Physical Education Program.

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

\_\_\_\_\_  
Date



## **STUDENT CODE OF BEHAVIOUR**

- 1) Each student shall behave properly by doing the best work possible at all times.
- 2) Each student shall pay attention to the directions of all teachers.
- 3) Each student shall not interfere in any way with another student.
- 4) Each student shall use proper language without profanity at all times.
- 5) Each student shall avoid any behaviour that disrupts the learning in any class.
- 6) Each student shall respect all school property and not damage any property or equipment.
- 7) Each student shall refrain from bringing anything from home unless a staff member gives permission.

### Consequences:

Students who do not follow the Code of Behaviour will be reported to the lead teacher and School Administrators/Owners who shall assign proper corrective consequences.

### **Parental/Guardian Agreement:**

I, \_\_\_\_\_ Parent/Guardian of: \_\_\_\_\_  
agree to my child being governed by this Code of Behaviour. I understand that continued misbehaviour may lead to my child's expulsion from the school and that in the event of expulsion, the fee payment for the current month and the month in advance (next month) will not be refunded.

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

\_\_\_\_\_  
Date



## **TIMETABLE**

Early Morning Drop Off	8:15 - 8:30
Morning Classes Begin	8:35
Morning Recess	10:00 - 10:30
Lunch	12:00 - 1:00
Afternoon Recess	2:00 - 2:15
End of School Day/Pick-up	3:00

### Absentee Policy

Please phone the school on the morning of any absence.

Please inform the school in advance and in writing when you are planning any extended absence. This will enable your child's teacher to prepare materials for your child while away. It will also allow your child to complete certain assignments before leaving for that period of time.

### School Calendar for 2017 - 2018

Quintilian will be closed to students for all regular school holidays and professional development days as designated by the local public school board.

Due to the intense nature of the school program we have also found that the students benefit from an additional break. This will happen in May 2018 and the dates will be confirmed in Fall 2017.





## **HOMEWORK CLUB & BEFORE SCHOOL CARE**

Parents may access our before school and homework club program for an additional fee.

- 1) Quintilian Students who are registered in full time Homework Club after school may be
- 2) Students who are not registered for Homework Club may register for Before School Care.
- 3) Please note that Before School Care is not structured educational time but is supervised
- 4) **If the cancellation of a Full Time Spot is necessary, you are responsible for full payment of the current month.**

I have read and understood the cancellation policy. \_\_\_\_\_ (Please initial)

\_\_\_\_\_ **Full Time - \$150 per month from October 2017 - July 2018.**

\_\_\_\_\_ **Drop In - \$15 per session. Must be booked in advance.**

If you have particular after school nights you need to book please check them off.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

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Signature of Parent/Legal Guardian

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Date



## **FEE SCHEDULE 2017 - 2018**

Tuition: \$10,750.00 (includes supply & activity fees for the school year)  
Homework Club: \$1,500.00

Post-dated cheques or a PAD form are required to secure a seat for the 2017/2018 school year. If a different payment schedule is required, please contact the Administrator to set it up.

Please make cheques payable to "Quintilian"

Date on Cheque	Tuition Only	Tuition & Homework Club
01 June 2017	\$1,075.00	\$1,225.00
01 September 2017	\$1,075.00	\$1,225.00
01 October 2017	\$1,075.00	\$1,225.00
01 November 2017	\$1,075.00	\$1,225.00
01 December 2017	\$1,075.00	\$1,225.00
01 January 2018	\$1,075.00	\$1,225.00
01 February 2018	\$1,075.00	\$1,225.00
01 March 2018	\$1,075.00	\$1,225.00
01 April 2018	\$1,075.00	\$1,225.00
01 May 2018	\$1,075.00	\$1,225.00

### Finance and Terms of Enrollment

We, the undersigned, agree that if the applicant is accepted for admission to Quintilian we will pay all agreed upon fees in respect to the student as and when due. We understand that failure to keep our account current will result in the student being unable to continue with Quintilian.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**PUBLICITY RELEASE FORM 2016 - 17**

I, \_\_\_\_\_ give permission for my child(ren)  
to be photographed during Quintilian School activities and for these photographs to be used in:

- Print Advertising
- Television Coverage
- Radio Coverage
- Online Coverage

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Signature of Parent/Legal Guardian

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Date



## **PERMISSION FORM**

Student Name: \_\_\_\_\_

Room: (please check)       Upper Elementary       High School

These options are privileges and, if the student is unable to manage them, the school reserves the right to terminate the privilege.

\_\_\_\_\_ I hereby give permission to my child, \_\_\_\_\_  
to leave school grounds at lunch unsupervised. This permission is given knowing that all risk is  
waived by the school.

\_\_\_\_\_ I hereby give permission to my child, \_\_\_\_\_  
to wait outside unsupervised for me after school. This permission is given knowing that all risk is  
waived by the school.

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

\_\_\_\_\_  
Date



## ONTARIO STUDENT RECORDS REQUEST

Please forward the Ontario Student Record or any true copy where applicable for:

_____ Surname	_____ First Name
_____ Middle Name	_____ Student's Date of Birth

I hereby give permission for pertinent school records (in accordance with the guideline for the Ontario Student Record and Municipal Freedom of Information and Protection of Privacy Act 1989) to be forwarded to:

**Quintilian School  
41 Baiden Street  
Kingston, ON  
K7M 2J9**

_____ Signature of Parent/Legal Guardian	_____ Date
_____ Name of Previous School	