



41 Baiden Street, Kingston ON K7M 2J9

613-542-0400

www.quintilianschool.org

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 Visit:

- 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 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 09/2018: _____
Child's Birthdate: _____
Mailing Address: _____

PARENT/GUARDIAN

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

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: _____

AUTHORIZED FOR PICKUP

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

MEDICAL INFORMATION

Student's Full Name:

Gender:

Male Female

Health Card #:

Expiry Date:

Does your child have allergies?

Yes:

No:

Please specify:

Does your child have an EpiPen for allergic reactions?

Yes:

No:

Does your child take any other medications?

Yes:

No:

Name(s)

Reason(s):

Does your child take medication during the school day?

Yes:

No:

Dose Instructions:

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.

Signature of Parent/Legal Guardian

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 **2018 – 2019**. **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 pay attention to the directions of all teachers.
- 2) Each student shall not interfere in any way with another student.
- 3) Each student shall use proper language without profanity at all times.
- 4) Each student shall avoid any behaviour that disrupts the learning in any class.
- 5) Each student shall respect all school property and not damage any property
- 6) 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 on a continual basis will be reported to the lead teacher and School Administrators/Owners who shall share the concerns with Parent/Guardian(s). Staff and Administration will work in co-operation with Parents/guardian(s) and students to make an action plan.

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 2018 - 2019

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 2019 and the dates will be confirmed in Fall 2018.

HOMework CLUB AND 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 dropped off at Quintilian no earlier than 7:30 am without additional charge.
- 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 time.

OPTIONS

_____ Full Time - \$150 per month from June 2018 , September 2018 - May 2019.

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

_____ Full Time - \$50 per month from June 2018 , September 2018 - May 2019.

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

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

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)

I would like to register my child in the above marked childcare for the 2018 - 2019 school year.

Signature of Parent/Legal Guardian

Date

PUBLICITY RELEASE FORM 2018-2019

Student's Full Name: _____

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

Signature of Parent/Legal Guardian

Date

OFFSITE PERMISSION FORM (GRADE 7 and UP)

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 wait outside unsupervised for me after school. 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



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

