



CANADIAN ACADEMY OF LIBYA

STUDENT APPLICATION & AGREEMENT

Academic Year: 2018 / 2019

* STUDENT INFORMATION

| | | | |
|--|--|--|--------------|
| Registration Date: ____ / ____ / ____ Day Month Year | New student <input type="checkbox"/> Returning Student <input type="checkbox"/> | Grade | Nationality: |
| Student's Full Name: | | Last School Attended: | |
| Languages: First language: Second language: | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Birth Date: ____ / ____ / ____ Day Month Year | |

* PARENTS INFORMATION

| | | | |
|----------------|--------|-------------|--|
| Father's Name: | | Work: | |
| Email: | Phone: | Work phone: | |
| Mother's Name: | | Work: | |
| Email: | Phone: | Work phone: | |

SIBLINGS IN CAL

| | |
|-------|--------|
| Name: | Grade: |
| Name: | Grade: |
| Name: | Grade: |

* RESIDENCY

| |
|---|
| Student's home address: _____ _____ |
|---|

Confirming Signature:

Parent/s Legal Guardian's Name: _____

Parent/s Legal Guardian's Signature: _____

Date: ____ / ____ / ____



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* EMERGENCY & HEALTH INFORMATION

Emergency Contact - (alternative person to contact in case of emergency, if parents unavailable)

| | |
|--------------------------|---------------------------------|
| Name: | Relationship to child: |
| Home Phone Number: | Cell Phone/ Other Phone Number: |
| Child's Personal Health: | Doctor's Nam & Phone: |

Please list any medical concerns that the school needs to be aware of, including allergies, medications, psychological and/or physical special needs, learning disabilities, etc.:

* ALLERGY INFORMATION (where applicable)

It is the parents' responsibility to provide guidance to the school with respect to the prevention of and treatment of allergic reactions. Please ensure that the school office and your child's teachers have received specific instructions **PRIOR** to your child attending classes in September

| | | |
|---|------------------------------|---|
| My child has allergies: No <input type="checkbox"/> | Yes <input type="checkbox"/> | My child's allergies are NOT life threatening <input type="checkbox"/> |
| | | My child's allergies ARE LIFE-THREATENING <input type="checkbox"/> |

He / She is allergic to

* CHILD CUSTODY INFORMATION (if applicable)

| |
|--|
| Name of parent who has legal custody of child: |
| Name of other parent: |
| Custody / access restrictions (if applicable): |

If there is a Custody Order, Restraining Order or any other Order in place that pertains to the custody and/or access of the child, a copy of the Order(s) is to be attached to this Application Form.

Parent/s Legal Guardian's Name: _____

Parent/s Legal Guardian's Signature: _____

Date: ___ / ___ / ___



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* ANNUAL FEES

| | | | |
|--|------------------|-------------|-------------|
| Nursery | LYD 4,500 | (LYD 2,700) | (LYD 1,800) |
| Kindergarten | LYD 5,500 | (LYD 3,300) | (LYD 2,200) |
| Lower Primary (Grades 1-3) | LYD 6,500 | (LYD 3,900) | (LYD 2,600) |
| Higher Primary (Grades 4-6) | LYD 7,500 | (LYD 4,500) | (LYD 3000) |
| Junior High School (Grades 7-8) | LYD 8,500 | (LYD 5,100) | (LYD 3,400) |
| High School (Grade 9-12) **** | LYD 9,500 | (LYD 5,700) | (LYD 3,800) |

Enrolment Fee (New Students Only): LYD 400* (*Enrolment Fee is Non-Refundable*)

**** The first tuition payment (60%) is due immediately on registration and is non-refundable.**

The second tuition payment (40%) is due on

*****Parents with two (2) children enrolled will receive 5% discount on tuition charges of both students**

Parents with three or more (3+) children enrolled will receive 10% discount on tuition charges of all students

* PAYMENT TERMS & CONDITIONS

1. The school reserves the right to alter the fees from time to time and also due to unexpected events or circumstances. Parents will be notified in advance
2. All fees are paid by cash in advance as required in the registration form
3. The school reserves the right to temporarily or permanently suspend my child at any time in case of payment owing/balance overdue
4. No remission of fees for the whole or any part can be allowed by absence through illness, infection, weather conditions, natural disasters or any other cause.
5. There is no tuition refund on any of the payments made to Canadian Academy of Libya
6. From time to time, minor additional fees may be levied for special events and field trips. In such cases participation (and therefore payment) is usually optional

I/We understand and agree to these payment terms and conditions and to the disclosure of any confidential information to any third parties as may be required to process the payments, in accordance with Canadian Academy of Libya rules.

*NOTES

1. **Bus Services:** Bus services are offered through private contractors. Parents wishing to use bus services are advised to notify management. The school is not responsible for the nature of the agreement or fees. Safety and security, as well as other details specific to the service, are between the parents and contractor only
2. **Uniforms:** the uniform will not be provided by the school this year. However, students have to follow the school dress code information
3. **Textbooks:** CAL will provide the essential textbooks for each grade, included with the fees
4. **Canteen:** CAL provides fresh lunches and snacks prepared daily through our canteen; prices will be posted

Parent/s Legal Guardian's Name: _____

Parent/s Legal Guardian's Signature: _____

Date: ____ / ____ / ____



CANADIAN ACADEMY OF LIBYA PARENT AGREEMENT

Academic Year: 2018 / 2019

I, the undersigned, agree to the following:

- I wish to enroll my child at Canadian Academy of Libya for the current school year
- I understand that admission is at the discretion of the school
- I recognize that my child will be required to complete entry test or an evaluation prior to acceptance
- I agree to provide the school with all fees and tuition payments prior to the agreed dates
- I will deliver and pick up my child on time. In case of lateness in this matter, a fee of LYD 40 per hour will be charged to compensate attending staff for their overtime to tend to the student. Persistent lateness may result in termination
- I will notify the school in advance if any person other than the parent/guardian is picking up my child
- I agree to advise the school if there are any changes in the family relationship, including any changes to the custody of / access to the child
- I grant permission to the school to call a physician or ambulance in case of an accident
- I fully agree that the school reserves the right to temporarily or permanently suspend my child at any time in case of disciplinary issues, conflicts with school, or disregard and/or disobedience of the school policies
- I fully accept enrolment based on the school program, organization, staff, resources, rules and procedures, environment, and facilities as they are, without any reservation or qualification
- I consent to having Canadian Academy of Libya collect personal information and the documents that are needed for the registration process and to be used by or on behalf of Canadian Academy of Libya for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with the school
- I consent to photographs and work samples of my child to be used in yearbook/Scrapbook Newsletter/Website/Promotional Material In-school, Parent Presentation and Social media.
- I give permission for my child to participate in various internal activities at Canadian Academy of Libya and/or external trips to neighborhood business/recreational/cultural landmarks and community centers.
- I will not take my child from school without first informing the Administration. NOTE: Entry inside the school buildings and grounds is strictly restricted to CAL students and Staff. Any parent/guest entering the school buildings or grounds without prior appointment and approval at any time will be immediately removed and/or denied entry. Repeated instances of such behavior will result in temporary or permanent removal of your child

Parent/s Legal Guardian's Name: _____

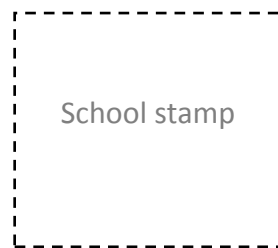
Parent/s Legal Guardian's Signature: _____

Date: ___ / ___ / ___

FOR THE SCHOOL USE ONLY:

Required documents for registration:

- | | | | |
|-------------------------|--------------------------|------------------------------|--------------------------|
| - Original Report Cards | <input type="checkbox"/> | - Four personal photos | <input type="checkbox"/> |
| - Birth certificate | <input type="checkbox"/> | - Vaccination Record Booklet | <input type="checkbox"/> |
| - National ID | <input type="checkbox"/> | - Copy of passport | <input type="checkbox"/> |



Officer's name & signature: _____

Notes:

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