



FRANKLIN SCHOOL

Education Is the Key to Unlocking the Golden Door to Opportunities.

+1 (604) 876-8812

info@franklinschool.ca

530 Hornby Street - 2nd Floor,
Vancouver, B.C., Canada V6C 2E7

ADMISSIONS APPLICATION FORM

STUDENT INFORMATION

Last Name:		First Name:	
Preferred Name:		Gender:	Female Male
DOB (MM-DD-YYYY):		Status:	Domestic International
First Language:		Years of English study:	
Phone:		Email:	
Street Address: _____			
City:		Province:	
Country:		Postal Code:	
Starting Grade:	10	11	12
Starting Semester:	Fall (September 2021)	Winter (January 2022)	
Advanced Placement (AP) program:		Yes	No

STUDENT MEDICAL HEALTH INFORMATION

Special Medical Concern:		Family Doctor:	
Care Card #:		Emergency Contact:	
Relationship:		Cell:	

PARENT/ GUARDIAN INFORMATION

Relationship:		
Full Name:		
Cell:		
Address:		
Email:		



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PREVIOUS SCHOOL INFORMATION FORM

School Name:		Grades:	
City, Country:			
School Name:		Grades:	
City, Country:			

Does your son/daughter have an Individual Learning Plan (IEP) or a Case Management Plan (CMP) from the previous school?

No

Yes If yes, please attach current and relevant supporting documents to application.

Has your son/daughter been asked to leave or been suspended from another school?

No

Yes If yes, please explain on a separate sheet.

AGENT INFORMATION (if applicable)

Agency Name:		Email:	
Contact Person:		Phone:	

CONSENT TO SHARE INFORMATION

Information collected on Franklin School's Application for Admission Form and other school forms is used and disclosed by Franklin School in accordance with the Personal Information Protection Act (PIPA) for parents and students of Franklin School. The School requests your permission to use certain images, work samples, videos, etc. for promotional purposes.

Please check one of the boxes:

I CONSENT to having photographs, videos and work samples of my son / daughter used by Franklin School in the yearbook, newsletters, website and other promotional materials.

I DO NOT CONSENT to having photographs, videos and work samples of my son/daughter used by Franklin School in the yearbook, newsletters, website, and other promotional materials.



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REFUND POLICY

GENERAL

1. Any refund request must be submitted through the **REFUND REQUEST FORM**.
2. Any necessary supporting documents must be attached to process the request, such as an original **STUDY PERMIT REJECTION LETTER** from **CITIZENSHIP & IMMIGRATION CANADA (CIC)**.
3. It takes at least ten business days to complete the process of any refund.
4. No exception will apply to the policy outlined below to adjust the amount of refund.

TUITION

1. **FULL REMAINING REFUND** if;
 - a. A Study Permit Application is rejected by Citizenship & Immigration Canada (CIC).
2. **50% REMAINING FEE REFUND** if;
 - a. A student decides to withdraw from the course/program **before** the **FIRST DAY OF SCHOOL** according to the **SCHOOL CALENDAR**.
3. **30% PRE-PAID FEE REFUND** if;
 - a. A student decides to withdraw from the course/program before **ADD/DROP DEADLINE** from the first day of school.
4. **NO REFUND – NO TRANSFER** if;
 - a. A student withdraws after the **ADD/DROP PERIOD** of the first semester of registration at the school.
 - b. A student is expelled from the school by violating the Code of Conduct or other school policies and instructions.
 - c. A student receives a **LETTER OF ACCEPTANCE** issued by the school.
 - d. A student received a transferred tuition fee from another student; the transferred amount is neither refundable nor transferable.

NON-REFUNDABLE

1. **APPLICATION FEE.**
2. **WIRE TRANSFER FEE.**
3. **NON-SCHOOL FEES.**

TEXTBOOK DEPOSIT

1. **REFUND ISSUE METHOD & DATE**
 - a. A textbook deposit refund will be issued by cheque for pick-up at the end of each semester.
2. **DEDUCTION – DAMAGE, LOSS, & LATE RETURN**
 - a. All handed out textbooks must be returned with no damage or loss to be eligible for a refund.
 - b. Deductions for any damage or loss are \$50.00 per soft copy and \$200.00 per hard copy.
 - c. If any textbook is not returned within one week from the last day of the semester, \$100.00 will be deducted, and an additional \$100.00 will be deducted per semester.

EXPIRATION OF REMAINING BALANCE

The remaining balance of any fees or deposit paid will expire and be no longer eligible for a refund if a student does not return to the school within one year following the last semester of enrolment.

IMPORTANT NOTE

By affixing your signature below, you acknowledge receiving and complying with the Students' **Code of Conduct**, and understand that Franklin School is committed to meeting the privacy standards established by British Columbia's **Personal Information Protection Act (PIPA)** and any other applicable legislation.



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DECLARATION

I/we hereby give consent for Franklin School to request all confidential school records pertaining to my child from their previous school. These records are necessary to provide appropriate assessments, programming, and services for my child, and will become part of their permanent record at Franklin School if he/she is accepted.

We, the student and parent(s):

- a. Declare that the information submitted in this application and all supporting documentation is true and complete;
- b. Authorize Franklin School to verify the information submitted with the application, and the authenticity of all supporting documentation;
- c. Have read and understand the Student Handbook, Code of Conduct and all policies;
- d. Agree to provide the applicant with the prescribed uniform;
- e. Agree to provide the applicant with an iPad/laptop for use at school;
- f. Agree to provide proof of private medical insurance coverage (first three months of study time) or valid MSP card;
- g. Agree to give full disclosure at the time of application, of all confidential information, educational evaluations, psychological assessments, or special medical needs relevant to our child's application;
- h. Have read and understood the refund policy;
- i. Agree to be responsible for paying all fees related to enrolment at Franklin School.

Signature of PARENT #1		Date: dd/mm/yyyy	
Signature of PARENT #2		Date: dd/mm/yyyy	
Signature of Student		Date: dd/mm/yyyy	

CONSENT TO PARTICIPATE IN SCHOOL ACTIVITIES AND ACKNOWLEDGEMENT OF RISK

Franklin School believes in immersing students in a range of off-site activities to enhance our students' learning. This Document is seeking your consent for your child to participate these low risk activities.

Off-site activities are including but not limited to Vancouver Art Gallery, Stanley Park, Vancouver Aquarium, Science World, Aquatic Activities, Outside Class Lessons, After School Clubs.

I hereby give my consent for my son/daughter to attend the off-site activities

Signature of PARENT #1		Date dd/mm/yyyy:	
Signature of PARENT #2		Date: dd/mm/yyyy	



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DOCUMENTS ENCLOSED – CHECKLIST

Domestic Students	International Students
Admissions Application Form Application Fee	Admissions Application Form Application Fee
Student's Passport or Canadian Citizenship or Permanent Resident (PR) Card	Student passport and Study Permit (if granted)
Legal Residency of Parent –Form A	Notarized Custodianship Declaration
B.C. Care Card	B.C. Care Card or Medical Insurance Policy # MSP Application
Certified Transcript (English)	Certified Transcript (English) Language Assessment (IELTS / TOEFL)

AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

To: _____

(name of school attended during previous academic year)

I, _____, the parent of _____,

(full name of parent)

(full name of student)

hereby authorize and direct you to provide Franklin School with any information or copies of documents from my child's/ward's educational records in your possession or control.

Signature of parent: _____ Date: _____

(dd/mm/yyyy)

Please forward requested information to:

Franklin School

**530 Hornby Street – 2nd Floor
Vancouver, B.C. Canada V6C 2E7**



PAYMENT METHOD

PAYMENTS MUST BE SUBMITTED IN CANADIAN DOLLARS

CHEQUE, MONEY ORDER, BANK DRAFT	
Payable To:	Franklin School
WIRE TRANSFER	
Beneficiary Name:	Franklin School
Beneficiary Address:	530 Hornby Street – 2 nd Floor, Vancouver, B.C., Canada V6C 2E7
Beneficiary Contact:	(604) 876-8812
Bank Name:	Canadian Imperial Bank Of Commerce (CIBC)
Branch/ Transit Number:	00810
Branch Address:	6204 Fraser Street, Vancouver, B.C. V5W 3A1
Bank Contact:	(604) 482-2625
Account Number:	913 6517
Bank/Institution Number:	010
Swift Code:	CIBCCATT