



# 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:	<input type="checkbox"/> Female <input type="checkbox"/> Male
DOB (MM-DD-YYYY):		Status:	<input type="checkbox"/> Domestic <input type="checkbox"/> International
First Language:		Years of English study:	
Phone:		Email:	
Street Address: _____			
City:		Province:	
Country:		Postal Code:	
Starting Grade:	<input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12		
Starting Semester:	Fall: <input type="checkbox"/> September 2024 <input type="checkbox"/> November 2024	Winter: <input type="checkbox"/> January 2025 <input type="checkbox"/> April 2025	
Advanced Placement (AP) program:		<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	
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City, Country:	
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School Name:		Grades:	
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City, Country:	
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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:	
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Contact Person:		Phone:	
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## CONSENT TO SHARE INFORMATION

Information collection on Franklin School's Application for Admission Form and other schools forms is collected, 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.



## 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 in 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
<input type="checkbox"/> Admissions Application Form	<input type="checkbox"/> Admissions Application Form
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Application Fee
<input type="checkbox"/> Student's Passport or <input type="checkbox"/> Canadian Citizenship or <input type="checkbox"/> Permanent Resident (PR) Card	<input type="checkbox"/> Student passport and/or <input type="checkbox"/> Student Permit
<input type="checkbox"/> Legal Residency of Parent –Form A	<input type="checkbox"/> Notarized Custodianship Declaration
<input type="checkbox"/> B.C. Care Card	<input type="checkbox"/> B.C. Care Card or <input type="checkbox"/> Medical Insurance Policy # MSP Application
<input type="checkbox"/> Certified Transcript (English)	<input type="checkbox"/> Certified Transcript (English) <input type="checkbox"/> 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**



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## PAYMENT METHOD

PAYMENTS MUST BE SUBMITTED IN CANADIAN DOLLARS

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