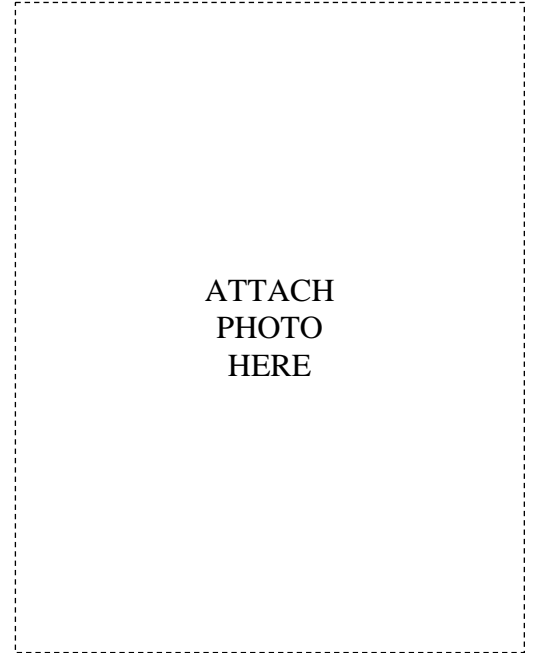




APPLICATION FOR ADMISSION



Application Checklist

Include the following with this application:

- \$100 CAD non-refundable application fee
- Photograph of student
- Parent letter
- Student letter
- Psychological assessment report (*administered within 3 years of application*)
- School reports and transcripts (*from the past 2 years*)
- Work samples (*written expression and mathematics*)
- School reference letter (*give enclosed form to current school to complete*)

GENERAL INFORMATION

Student's Name: _____
First Middle Last

Address: _____
Street Address Apartment Number PO Box, RR #

City/Town Province/State Postal/Zip Code Country

Date of Birth (YYYY/MM/DD): _____ | _____ | _____ Place of Birth: _____

Citizenship: _____ Primary Language: _____

Present Grade Level: _____ School: _____

Legal Guardian(s): _____

Parent 1: _____ **Parent 2:** _____

Home Phone: _____ Home Phone: _____

Mobile/Cell: _____ Mobile/Cell: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

How did you learn about Landmark East? _____

ENROLLMENT INFORMATION

Program: Elementary School Middle School High School Transition Year
 Status: Boarding Student Day Student
 Anticipated Enrolment Date: September 20_____ _____

PARENT 1 INFORMATION

Full Name: _____
First Middle Last

Address: _____
Street Address Apartment Number PO Box, RR #

City/Town Province/State Postal/Zip Code Country

Date of Birth (YYYY/MM/DD): _____ | _____ | _____ Place of Birth: _____

Primary Language: _____ Education: _____
(Grade level completed, vocational training, university degree, etc.)

Occupation: _____ Employer: _____

Marital Status: Married (and not separated) Widowed (not living common law) Divorced (not living common law)
 Living common law Separated (not living common law) Single (not living common law)

Biological Parent: Yes No Learning Disability: Yes No Deceased: Yes No

PARENT 2 INFORMATION

Full Name: _____
First Middle Last

Address: _____
Street Address Apartment Number PO Box, RR #

City/Town Province/State Postal/Zip Code Country

Date of Birth (YYYY/MM/DD): _____ | _____ | _____ Place of Birth: _____

Primary Language: _____ Education: _____
(Grade level completed, vocational training, university degree, etc.)

Occupation: _____ Employer: _____

Marital Status: Married (and not separated) Widowed (not living common law) Divorced (not living common law)
 Living common law Separated (not living common law) Single (not living common law)

Biological Parent: Yes No Learning Disability: Yes No Deceased: Yes No

SIBLING(S) INFORMATION

Name of Sibling	Brother (B) / Sister (S)	Learning Disability		Biological Sibling		Year of Birth	Year of Death
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

MEDICAL INFORMATION

Does your child have allergies? Yes No If yes, give details. _____

Is your child on a special diet? Yes No If yes, give details. _____

Does your child take medication? Yes No If yes, give details below.

Name of Medication

Reason for Medication

_____	_____
_____	_____
_____	_____

SCHOOL INFORMATION

Year

Name of School Attended

Grade Placement

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT CHECKLIST FOR LANGUAGE COMMUNICATION

Yes **Sometimes** **No**

Listening

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can your child follow directions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can your child repeat words or phrases spoken by others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child listen to others when they are speaking? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can your child retell a story? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can your child retell the sequence of events (what happened) in appropriate order? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can your child remember facts presented orally? |

Speaking

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child understand the meanings of words? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child express a variety of ideas using a wide and varied vocabulary? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child use correct grammar, word order, when speaking? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you understand your child's intended meaning? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child ask clear questions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child answer questions appropriately? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can your child give others clear directions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can your child relate a past event? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child frequently revise what he/she is saying? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty finding the correct words to express him/herself? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child seldom talk or need to be prompted to talk? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is your child's speech difficult to understand because of sound errors? |

PARENT LETTER

Parents are requested to write a letter to the Admissions Committee demonstrating their commitment to the structure, programs, policies and guidelines of Landmark East. The following questions should be addressed in the parent letter:

- What are your child's current academic and social problems?
- What are the major issues you want Landmark East to address with your child?
- What do you think is your child's potential? Include your immediate and long-term goals for your child.
- How long do you think your child will need Landmark East's programs as it relates to the goals you have set?
- How do you feel you can support Landmark East's guidelines and structure both at home and at school?
- How well are you prepared for the stresses of your child being away from home?

STUDENT LETTER

Students are requested to write a letter to the Admissions Committee. The following questions should be addressed in the student letter:

- How do you think Landmark East can help with your education?
- What are your strengths?
- What are your areas of need?
- How do you feel about the schedule, rules and structure at Landmark East?
- Do you take responsibility for your actions?
- What are your goals in life (school, career, etc.)?

FUNDING SOURCES

- Parents and/or family members → _____
- Government Agency → _____
- Private Agency → _____
- Service Clubs → _____
- Other → _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Forward completed form and application fee to:

Admissions
Landmark East School
708 Main Street
Wolfville, Nova Scotia B4P 1G4
CANADA

Tel: (902) 542-2237
Fax: (902) 542-4147
Email: admissions@landmarkeast.org



Landmark East School
708 Main Street
Wolfville, Nova Scotia
B4P 1G4 CANADA
Tel: (902) 542-2237
Fax: (902) 542-4147
www.landmarkeast.org

Student Application Fee

\$100.⁰⁰ CAD

The student application fee is non-refundable. The following forms of payment are accepted:

- Canadian cash, cheque or money order
- Credit Card – Visa or MasterCard

If paying by credit card, please complete this form and include it with the Application for Admission. Credit card payments may also be made over the telephone by calling Janet Cooper at (902) 542-2237 Ext 227.

Credit Card Payment

Name of Student: _____

Credit Card Type: Visa MasterCard

Credit Card Information:

Credit Card Number: _____

Expiry Date: _____

3-Digit Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Cardholder Email Address: _____



Landmark East School
708 Main Street
Wolfville, Nova Scotia
B4P 1G4 CANADA
Tel: (902) 542-2237
Fax: (902) 542-4147
www.landmarkeast.org

School Reference Letter

Note to Parents: Complete this form and give it to your child's current school.

RELEASE OF INFORMATION

We (I) hereby give _____
(Name of School)

permission to release all information regarding our (my) child to the Admissions Committee at Landmark East School. It is understood that the information is released for professional use only.

Name of Child: _____ Date of Birth: _____

Signature of Parents/Guardians Date

Note to School: The parents/guardians of the above-named child have requested educational services from Landmark East School. The student's current school is requested to write a reference letter describing academic, behavioural and social issues pertaining to the student. This letter should be sent to the Landmark East Admissions Committee at the address above. The reference letter may also be emailed to Janet Cooper at jcooper@landmarkeast.org.

- What are the student's current academic needs?
- How does the student interact socially with peers?
- How does the student interact socially with teachers?
- Are there any self-esteem and/or other emotional issues regarding this student?
- Has the student demonstrated behaviour problems? Please describe.
- How does this student respond to authority and school rules?