



**ST. JUDE'S ACADEMY**  
REGISTRATION PACKAGE  
UPPER SCHOOL  
Grades 7- 8  
2023-2024



**ST. JUDE'S ACADEMY**  
GRADES 7- 8  
Registration Checklist

Please complete, sign and provide the following documents:

- Admission Application
- Registration Agreement
- Health History Form
- Region of Peel Immunization Records Form
- Copy of Immunization Record
- Request for OSR Form
- Copy of 2 most recent Report Cards (if applicable)
- Pick-Up Permission Form
- Community Walk Permission Form
- Payment Plans
- Payment Options Form
- Proof of Age (i.e. Birth Certificate, Passport, etc.)
- Bussing Form/Payment (one per family, if applicable)
- Uniform Appointment: email [alpa@multiformcanada.com](mailto:alpa@multiformcanada.com)

In accordance with PIPEDA, your personal information will be used solely for communication purposes regarding St. Jude's Academy.

This form should be completed by Parent/Guardian and sent to St. Jude's Academy



## ST. JUDE'S ACADEMY

### ADMISSION APPLICATION 2023-2024

Student's Last Name:		Student's First Name:		
Birthdate: (MMDDYYYY)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Application for Grade:		For the school year beginning September, _____		
If parents are separated or divorced, please indicate with whom child is living:				
<input type="checkbox"/> Parent/Guardian 1		<input type="checkbox"/> Parent/Guardian 2		
		<input type="checkbox"/> Other (specify)		
Parent/Guardian Information	Parent/Guardian 1		Parent/Guardian 2	
	Circle one: Father / Mother/ Guardian		Circle one: Father / Mother / Guardian	
Name	Last Name	First Name	Last Name	First Name
Telephone	Home		Home	
	Cell		Cell	
	Work		Work	
Email				
Home Address	Street		Street	
	City		City	
	Province	Postal Code	Province	Postal Code
Business Information	Occupation		Occupation	
	Employer		Employer	
	Business Address		Business Address	
Parent/Guardian 1 Signature		Parent/Guardian 2 Signature		
Date		Date		





## ST. JUDE'S ACADEMY REGISTRATION AGREEMENT 2023-2024

In consideration of the acceptance by St. Jude's Academy of \_\_\_\_\_ as a  
Name of Student

student, I agree to pay all tuition fees, dues, accounts and other indebtedness incurred by the student or on the student's behalf. I understand that the obligation to pay the fees for the full academic year is unconditional and that no portion of such fees so paid or outstanding, including but not limited to tuition, other fees, and bussing will be refunded or cancelled in the event of force majeure, absence, withdrawal, or dismissal of the above student from the school.

I have read the above and I understand. \_\_\_\_\_  
Signature of Parent/Guardian Date

I further understand that:

- (a) St. Jude's Academy reserves the right to accept or deny the student after the completion of the review process of the Registration Package.
- (b) The Application Fee of \$600.00 is due upon the submission of the Registration Package. This is a one-time per family fee. Please refer to the Fee Schedule for payment structures.
- (c) Should any outstanding accounts exist, the first payment may, at the sole discretion of St. Jude's Academy, be applied towards any outstanding accounts.
- (d) This document is considered a binding contract upon signing the Registration Agreement.
- (e) St. Jude's Academy reserves the right to remove a student from the program that is exhibiting social, emotional, or academic needs that are greater than the school's program capabilities. In these circumstances, I understand that St. Jude's Academy will make reasonable efforts to assist in securing suitable alternative educational arrangements. The determination of what constitutes as properly toilet trained will be at the reasonable and sole discretion of St. Jude's Academy.
  - (i) Upon student removal, remaining tuition fees will be refunded.
  - (ii) St. Jude's Academy recognizes that special circumstances may occur where it may be reasonable for St. Jude's Academy to waive any of the terms of this agreement. I understand that any waiver of any of the terms of this agreement shall be made at the sole discretion of St. Jude's Academy taking all reasonable factors into consideration.

Parent(s) or Guardian(s) who is(are) financially responsible for the student:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**IB World School**  
**Primary Years Programme** JK – Grade 6  
**Middle Years Programme** Grades 7 – 10  
**Diploma Programme** Grades 11 – 12



**2150 Torquay Mews**  
**Mississauga, Ontario L5N 2M6**  
[www.stjudesacademy.com](http://www.stjudesacademy.com)  
(P) 905-814-0202 (F) 905-814-0299

**ST. JUDE'S ACADEMY**  
**HEALTH HISTORY FORM**  
**2023-2024**

Assessments dated within 6 months of school are requested



**Immunization Card**

A completed Immunization Card must be submitted prior to beginning the school year. Parents/Guardians are responsible for notifying the school of any changes.

First Name:	Middle Name:	Last Name:	
Birthdate:	Height:	Weight:	Grade: 2023-2024

Child's Health Card Number: \_\_\_\_\_ (VR)      Expiry Date: \_\_\_\_\_

Please briefly comment on your child's overall health:

If your child is not able to participate in certain athletic and school activities, please outline:

Date of most recent eye examination by a vision specialist:

Most recent eye examination results:

Date of most recent hearing examination by a hearing specialist:

Results from most recent hearing exam:

Does the child experience frequent:  Colds       Tonsillitis       Stomach Aches       High Fevers

List any known allergies the child has: \_\_\_\_\_  Anaphylaxis

Briefly explain the child's reaction to these allergens and any medications being taken to control them:

Does the child have a diagnosed condition? If 'yes', explain.

List any congenital problems/issues:

List any currently prescribed medications:

COVID-19 Vaccination Status:  My child is fully vaccinated

**EMERGENCY CONTACT INFORMATION: NOT A PARENT /OR GUARDIAN**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ | Date: \_\_\_\_\_





**ST. JUDE'S ACADEMY**  
REQUEST FOR AN OSR BY A PRIVATE  
FEDERAL OR FIRST NATION SCHOOL IN ONTARIO 2023-2024

**Please forward the Ontario Student Record(s) for:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Enrolled in Grade \_\_\_\_\_ at St. Jude's Academy (2150 Torquay Mews, Mississauga, Ontario L5N 2M6)

I hereby agree to accept responsibility for the record and to use, maintain transfer and dispose of the record in accordance with the Ontario Student Record (OSR): Guideline, 2000, (revised 2020).

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent**

**I grant permission to the proper authorities at:**

Name of most recent Ontario school: \_\_\_\_\_

Address of most recent Ontario school: \_\_\_\_\_

**to send the OSR of the above-mentioned student to St. Jude's Academy.**

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



## ST. JUDE'S ACADEMY PICK-UP PERMISSION FORM

I hereby give permission for my child: \_\_\_\_\_

Last Name

First Name

to leave St. Jude's Academy with the people named below.

**Note: This form is valid for the duration that my child attends St. Jude's Academy.  
It is the responsibility of the parent(s)/guardian(s) to notify the school in writing of any changes.**

1. Parent/Guardian 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

2. Parent/Guardian 2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Use  
Grade:



## ST. JUDE'S ACADEMY COMMUNITY WALK PERMISSION FORM

Event: Community Walk

Date of Event: Periodically, from September to June

**Note: This form is valid for the duration that my child attends St. Jude's Academy.**

**I understand It is the responsibility of the parent(s)/guardian(s) to notify the school in writing of any changes.**

I give permission for my child to go for a walk off school property into the surrounding community under the direct supervision of school staff.

Student Name: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Use  
Grade:





## PAYMENT PLANS FOR GRADES 7-8 2023-2024

<b>PAYMENT PLAN 1 – Full Payment</b>			Initial
	1 <sup>st</sup> Child	Sibling(s) 25% discount	
Tuition Fee – Registration Date	\$14,899	\$11,175	
<b>PAYMENT PLAN 2 – Four Payments</b>			Initial
4 payments as follows:	1 <sup>st</sup> Child	Sibling(s) 25% discount	
Registration date	\$3,873.75	\$2,905.50	
Jun. 1, Sep 1, Dec. 1	\$3,873.75	\$2,905.50	
Total Tuition Fee	\$15,495	\$11,622	
<b>PAYMENT PLAN 3 – Monthly Payments</b>			Initial
	1 <sup>st</sup> Child	Sibling(s) 25% discount	
Registration Date – First and Last	\$3,128	\$2,346	
8 Payments July-February (due on the first of each month)	\$1,564	\$1,173	
Total Tuition Fee	\$15,640	\$11,730	
<b>Additional Fees – Due at time of Registration</b>			Initial
Application Fee (new registrants only – one time per family)		\$600	
Supply Fee		\$650	
IB Fee		\$645	
Physical Education Fee		\$685	
Music Fee		\$325	
<b>Payments Plan Option</b> (Due dates same as monthly plan option)			
		\$240 per child/month	

**I agree:**

1. Registration is binding for a period of one academic year; therefore, parents/guardians are obligated to pay all fees **UNCONDITIONALLY** regardless of absence, transfer, withdrawal, dismissal or force majeure.
2. Interest on unpaid amount accrues at 1.5% per month. There is a \$50.00 fee for each NSF cheque.
3. In order to receive report cards in June, all accounts must be paid in full by February 1, 2024.

Student's Name: \_\_\_\_\_ This student is the (check one, oldest is first)  
 1<sup>st</sup> /  2<sup>nd</sup> /  3<sup>rd</sup> /  4<sup>th</sup> child from the same family at St. Jude's this year.

Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## ST. JUDE'S ACADEMY PAYMENT OPTIONS FORM

### First Payment:

- Cash (By appointment only, please email [admissions@stjudesacademy.com](mailto:admissions@stjudesacademy.com))
- Cheque or Money Order (Payable to St. Jude's Academy)
- E-transfer instructions:
1. Email: [payments@stjudesacademy.com](mailto:payments@stjudesacademy.com)
  2. When submitting a payment, please include details in the note: Child(ren)'s Name(s), Grade(s), Tuition 2022--2023
  3. Email: [admissions@stjudesacademy.com](mailto:admissions@stjudesacademy.com) to confirm E-transfer payment
- Void Cheque/ Pre -Authorized Payment (please provide banking information below)

### All Subsequent Payments:

Void Cheque/Pre-Authorized Payments (submitted at time of registration).

#### Step 1: Client Details

Parent/Guardian Full Name: \_\_\_\_\_

Student Name (s): \_\_\_\_\_

#### Step 2: Bank Information

\_\_\_ A Void Cheque (or printout from my financial institution) is attached

\_\_\_ I am providing my banking information

**Transit #** \_\_\_\_\_ **Institution #** \_\_\_\_\_ **Account #** \_\_\_\_\_

Typical Canadian Cheque Format (from MICR line at bottom of cheque)

||<sup>®</sup> 1 234 ||<sup>®</sup> 1: 1 2345 ||<sup>®</sup> 1 231: 1 234 ||<sup>®</sup> 567 ||<sup>®</sup>

**Cheque number**

**Transit #**

**Institution #**

**Account number**

Please debit my bank according to the tuition schedule. I may revoke my authorization at any time, subject to providing notice of 10 days by email or in writing. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [cdnpay.ca](http://cdnpay.ca). Pre-authorized payments are scheduled for the first day of each scheduled month. The services I am ordering are for  personal /  business purposes.

By signing below, I agree to the selected payment option.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_