

# ROYAL SCITS ACADEMY

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## ELEMENTARY/SECONDARY ENROLMENT FORM

The following forms must be completed and require information regarding:

1. Please **download** the form. **Save** it using the student's first and last name as the file name.
2. Please use the "Tab" key to navigate fields
3. If there are fields that do not apply please type "n/a". For phone numbers that do not apply, please enter a number that does apply even if it was used for another field.
4. Complete the form, **save** it and use the "SUBMIT" key or email to [admin@royalscits.ca](mailto:admin@royalscits.ca)

### Student Information

- Home Address, Phone Numbers. Custody Information, Email Addresses
- Emergency Contacts Information Including Phone Numbers and Email
- Proof of or Change of Citizenship Including 1 of the Following : Birth Certificate, Passport, Citizenship Card, Permanent Resident Card or Landing Papers

### Medical Information

- Including Allergies, Conditions
- Doctor Name, Address and Phone Numbers
- Health Card or Health Insurance Information

### Terms of Contract and Waivers

Please carefully read, and sign the following

- Terms of Contract
- Consent of Parents/Guardians
- Permission to Go on Outings
- Promotional Wavier
- Consent to Participate in Sports
- Daily Screening Acknowledgement

### Previous Report Cards (New Students Only) OSR

### Transfer Request (New Students Only) Payment

(Apple Pay, Visa, MasterCard, Debit or Cheque)

- Annually
- Monthly (All postdated payments are due at registration)

### New Student Registration Fee (Non-Refundable)

### Activity Fee (Non-Refundable)



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## SCHOOL YEAR AND / OR SUMMER CAMP ENROLMENT FORM STUDENT INFORMATION

Grade Enrolling For: RSA Student Program Enrolling for:  
 New Student School Year School Year and Summer Camp Summer Camp  
 Start Date:

Student's Name:

Surname First Name Middle Name (Name Used)  
 Date of Birth (D/M/Y): Age: Male Female

Address: Unit #: City:

Postal Code: Home Telephone #:

**Citizenship** (Proof of Citizenship Required) Canadian Landed Immigrant Visa Student Visitor

### FAMILY INFORMATION

For purposes for school communication, emails, and inquiries—please indicate primary email address(es)

Mother's Email: Father's Email:

#### MOTHER'S INFORMATION

Last Name: Legal First Name: Name Used:

Telephone Numbers Home: Work: Cell:

Occupation: Place of Employment:

Employer's Address:

#### FATHER'S INFORMATION

Last Name: Legal First Name: Name Used:

Telephone Numbers Home: Work: Cell:

Occupation: Place of Employment:

Employer's Address:

#### GUARDIAN/CUSTODIAN INFORMATION

Last Name: Legal First Name: Name Used:

Telephone Numbers Home: Work: Cell:

Occupation: Place of Employment:

Employer's Address:

Home Address: City: Postal Code:

Does the student live with: Parent(s) Guardian(s)?

**International Students must provide Legal Proof of Guardianship and MUST live with their Guardian.**

Parents' Marital Status: Married Divorced Separated Single Widowed

**If divorced or separated, who is the custodial parent?** Mother Father Both (Joint Custody)  
*If joint custody has not been awarded, the School requires a copy of the Court Order granting custody.*

Names, ages, and dates of attendance of any brothers or sisters who are attending or have attended the School:

Name of previous teacher or class at RSA:



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**STUDENT MEDICAL INFORMATION**

Student's Name:

Surname

First Name

Date of Birth (DD/MM/YY)

**Ontario Health Card # (include letters):**

**Expiry Date (YYYY/MM/DD):**

Other Insurance: List the Company and Policy Number

Student's Doctor:

Doctor's Telephone #:

**Dietary Restrictions:** List all foods the student should not eat for religious or dietary reasons.

Has the student been tested for allergies?

**YES**

**NO**

Has the student been diagnosed with allergies? If yes, please describe:

**YES**

**NO**

**PLEASE NOTE THAT RSA IS NOT AN ALLERGEN FREE ENVIRONMENT**

Does the student require an EPI-PEN?

**YES**

**NO**

It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated EPI-PENS at school.

If **yes**, you will be required to complete the "Administration of Prescription Medication for Anaphylaxis" form once the student is in attendance at the School. Please provide a medical note from the student's doctor describing the nature of the allergy.

Has the student been diagnosed with asthma?

**YES**

**NO**

Does the student require an inhaler for asthma?

**YES**

**NO**

It is the responsibility of the Parent/Guardian to ensure that the student has a current dated inhaler at school.

Does the student take any medication regularly?

**YES**

**NO**

If yes, then please provide name of medication:

Reason and Dosage:

Please specify any medical, social, or emotional problems the School should be aware of:

**EMERGENCY CONTACT AND RELEASE AUTHORIZATION:**

**The School is authorized to release the student to the individuals listed below. Those individuals can also be contacted in case of emergency should the School not be able to contact the parent(s) or guardian(s).**

Surname:

First Name:

Relationship to Student:

Email Address:

Telephone Numbers Home:

Work:

Cell:

Surname:

First Name:

Relationship to Student:

Email Address:

Telephone Numbers Home:

Work:

Cell:

Surname:

First Name:

Relationship to Student:

Email Address:

Telephone Numbers Home:

Work:

Cell:



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**(FOR NEW STUDENTS ONLY)**

**HOW DID YOU HEAR ABOUT US?**

Sibling / Family in School	Web sites	Guides	Local Papers
Referral by Friend	RoyalSCITSAcademy.ca	Our Kids Go To School	Sarnia Observer
Former Student	ourkids.net	Relocate Global Magazine	The Sarnia Journal
Live/Work in Area	City of Sarnia		First Monday
School Flyer	Lambton County		Sarnia News Today
Local Sports Team Sponsorship	relocatemagazine.com		Sarnia This Week
	Facebook		Other:
Signs	YouTube		
Front of School	Twitter		
Community Centre Sign	LinkedIn		
	Instagram		
Other, please list:			

**ACADEMIC HISTORY**

Name of current school:

Address: City: Postal Code:

Telephone: Fax:

Name of Last Teacher: Name of Principal:

Please list names and addresses of any other previous schools (3 maximum):

1.

2.

3.

Has the student been enrolled in any special program, example: gifted, French immersion, special education? Please describe and provide dates:

Has the student ever been on an IEP (Individual Education Plan) YES NO

Has the student been through an IPRC (Identification, Placement, and Review Committee) review? YES NO  
If yes, please attach any recommendations.

**Does the student have any special learning, behavioural or physical difficulties? We ask the following in order to better know and care for your child.** YES NO

Please describe:

Has the student ever been suspended or expelled from any school? YES NO

If yes, please explain

**THE ABOVE INFORMATION IS COMPLETE AND CORRECT**



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## SCHOOL YEAR AND / OR SUMMER CAMP TERMS OF CONTRACT FOR STUDENTS GRADES 1 to 8

### General Terms

1. The terms of this contract apply for the school year in which the student is enrolled at Royal SCITS Academy Inc (the "School") and the subsequent Summer Camp program should the student enrol.
2. Should a student who is enrolled in the school year enrol in the Summer Camp held in the months of July and August, immediately following the current school year, then the student information, terms of contract, waivers, and code of conduct will be carried over for Summer Camp only. Should a student who enrolls for the Summer Camp enrol for the subsequent school year, then all the student information, terms of contract, waivers, and code of conduct will pertain to the subsequent school year only.
3. A student will not be accepted into the School unless the new enrolment form has been completed in full and signed. All required tuition and fees as outlined in the current school year's payment schedule including the prepaid tuition for June, all postdated payments, and OHIP number or proof of health insurance, must accompany the enrolment form. New students must provide a copy of their birth certificate, proof of citizenship status and immunization documentation, as well as, the above referenced requirements. A student is considered accepted into the School only upon a confirmation form being issued by the School.
4. It is the responsibility of parents or guardians to ensure that their child's immunization record is up to date. In the event that the Lambton Kent Health Department issues an order of suspension, in which your child is suspended, the School is required to comply with such an order. Where the Lambton Kent Health Department issues such an order, **there will be no refunds whatsoever with respect to fees for a student who has been suspended.** In addition, where there is an order or directive issued by a government authority or agency that results in students not being able to participate in the School program, there will be no refunds whatsoever with respect to fees for such students.
5. **Parents and Guardians hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he or she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.**
6. There is a late pick up charge which is applied at the rate of \$1.00 per minute after 4:30 p.m. or at any time that RSA staff has to remain beyond established hours to care for a student due to a late pick up.
7. The School reserves the right to accept or reject this application and also to expel a student at any time.
8. Students face expulsion from the School for using, possessing or trafficking drugs, alcohol or other controlled substances on the School premises, during excursions, when returning to school or when travelling from school to home. Students found trafficking any controlled substance may also face criminal prosecution.
9. The School reserves the right to request that a student undergo physical and/or psychological examinations if such request by the School is deemed to be in the best interest of the student.
10. **Operations**
  - a) School reserves the right to make such rules and regulations for its operation as deemed appropriate and it is a condition of acceptance that these rules and regulations be observed.
  - b) **Remote Learning** Parents and Guardians hereby acknowledge and agree that the School reserves the right to use synchronous (real-time) and asynchronous online learning ("**Remote Learning**"), temporarily or indefinitely as part of the whole class instruction, in smaller groups of students, and/or in a one-on-one context for the school year.
  - c) **Cancellation of In-Person Activities and Programs** Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend and or all in-person activities and programs, and the School further reserves the right to change its educational delivery model throughout the school year pursuant to guidance and directives from the Ministry of Health or the local Public Health Unit. The School shall continue to provide Remote Learning, subject to Section 10 (d) Force Majeure).

- d) **Force Majeure** Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend the obligations under this Contract for a period of time that a condition of Force Majeure exists. “**Force Majeure**” means an act of God, strike, lock-out, act of public enemy, war, blockade, pandemic, and civil disturbance, or other causes beyond reasonable control of the School, such as to make Remote Learning impossible or impracticable as determined solely by the School. The School shall immediately notify Parents/Guardians of any suspension due to a Force Majeure event. The Parents/Guardians and the School agree to use their best efforts to eliminate the effects of the Force Majeure event and to resume performance of the Contract as soon as possible after the Force Majeure event ceases. The School is not liable for any costs incurred by the Parents/Guardians due to delays or non-performance of obligations pursuant to this Section 10(d).
11. Students who are expelled from any of the Schools’ Divisions cannot re-register with the School and cannot register for the Summer Camp programs.
  12. The School reserves the right to change fees, discounts and / or method of payment at any time.
  13. With all methods of payment, the deposit fee is due at the time of registration or re-enrolment. There are no refunds on the deposit or pre- paid fee for any reason, nor is the fee deductible from any other fee.
  14. All new applicants must pay a one time \$200.00 registration fee per family which is not refundable for any reason.
  15. An activity fee is required from all new and re-registering applicants and is due upon enrolment. This fee is applied to yearbooks, trips and other activities during the school year. This fee does not include overnight trips. The activity fee is non-refundable for any reason including withdrawal from the School. Should a student enroll at the School during the school year, the activity fee will be prorated accordingly.
  16. **There are no refunds for mid-month withdrawals, and no refunds for holidays, sick days, or days missed for any reason, throughout the school year.**
  17. All payments will be processed the first of each month without exception. No payments will be held over until a future date for any reason whatsoever. A \$25.00 late fee will automatically be charged for any monthly payments received after the first of any month.
  18. The student’s full name, grade, and the name of the Campus he or she will be attending must be written on the back of each and every cheque.
  19. A charge of \$50.00 will be levied against all declined credit card payments, N.S.F. cheques or cheques returned for any reason.
  20. Should fees remain outstanding five (5) days after the due date, i.e. the first day of the month, the School reserves the right to suspend or expel a student immediately and take whatever action it deems necessary to collect such overdue accounts.
  21. **Withdrawal Procedure:** Written notice of a student’s withdrawal from the School must be received one (1) month prior to the intended date of withdrawal. There will be no refund or transfer of the registration fee, the activity fee and/or the June prepaid fee; however, the balance of the fees will be refunded from either (i) one (1) month after written notice of a student’s withdrawal from the School has been received; or (ii) the date of the student’s withdrawal, whichever is later, to the end of the school year (calculated on the basis of the number of full months remaining in the school year).
  22. **International Students Application and Withdrawal Procedure:** International students who are successfully admitted must choose either Option A (one (1) yearly payment) or Option B (two (2) instalments) for their fee payment (see “Method of Payment” below). **Option C (monthly instalments) is not available for international students.** There will be no refund of the tuition fee when:
    - A Letter of Acceptance has been issued, if the student withdraws for any reason;
    - If the student is found in violation of School regulations and asked to withdraw from the School;
    - If the student changes immigration status during the school year;

**Note:** A full tuition fee refund, less one month’s tuition, will only be issued if Citizenship and Immigration Canada does not issue the Study Permit. To obtain a refund, the student must provide: a) The **original** Letter of Rejection from Citizenship and Immigration Canada. b) The **original** letter of Acceptance issued from the School. c) a written refund request by the parent.

23. **Summer Camp Programs**

- (a) The Summer Camp programs are held during the months of July and August. Specific dates for the programs are contained on the Summer Camp Registration Forms. The School observes the Canada Day holiday in July and the Civic Holiday in August and therefore there will be no programs on those days. Specifically, there will be no refunds or changes in fees for those weeks.
- (b) The Summer Camp program fees are due upon registration. **These fees are non-transferable or non-refundable for any program.** Once paid, there will be no refund of Summer Camp fees whatsoever, including but not limited to a student's withdrawal from the programs for any reason. All Summer Camp program classes offered are subject to change and or cancellation at any time, and are offered subject to sufficient enrolment, as determined by the School. Should the School decide to cancel a program due to low enrolment, all fees paid to date shall be fully refunded without interest or penalty.

24. **Miscellaneous Contractual Terms**

- a) **Non-Waiver** Neither the failure nor any delay on the part of the School to exercise any right, remedy, power or privilege under this Contract shall operate as a waiver thereof, nor shall any single or partial exercise of any right, remedy, power or privilege preclude any other or further exercise of the same or any other right, remedy, power or privilege, nor shall any waiver of any right, remedy, power or privilege with respect to any occurrence be construed as a waiver of such right, remedy, power or privilege with respect to any other occurrence. No waiver shall be effective unless it is in writing and is signed by the party asserted to have granted such waiver.
- b) **Amendment** No amendment, supplement, restatement or termination of any term of this Contract, save and except for the amendments to policies, guidelines, rules and schedules of the School, shall be binding upon the parties unless it is in writing and signed by the parties.
- c) **Severability** In the event that any part of any provision of this Contract may prove to be illegal or unenforceable the other provisions of this Contract and the remainder of the provision in question shall continue in full force and effect.
- d) **Governing Law and Jurisdiction** This Contract shall be interpreted and governed by the laws of the Province of Ontario. The parties attorn to the exclusive jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom.

25. **Method of Payment:**

- Option A.** One (1) payment per year, due at registration, with a 10% discount.
- Option B. (International Students Only)** Two (2) equal payments per year, one due at registration and one postdated to October 1st, with a 1% discount.
- Option C.** Ten (10) equal monthly payments per year, one deposit payment due at registration and 9 postdated payments due at the first of each month, September 1st through to May 1st. The total number of payments will be pro-rated for students who register after the start of the school year.  
Payment may be made by cheque, debit or credit card. All postdated cheques or credit card authorizations must be received at registration.

20% DISCOUNTS ARE OFFERED FOR EACH ADDITIONAL CHILD OF THE SAME FAMILY. THE ADDITIONAL CHILD (CHILDREN) MUST BE OF THE SAME PARENT(S). THE DISCOUNT WILL BE APPLIED TO THE LESSER TUITION OF THE STUDENT FEES PAID. MULTIPLE DISCOUNTS ARE NOT OFFERED UNDER ANY CIRCUMSTANCES.

*All Fees are Non-Refundable*

**I have read and understood the terms of contract, the methods of payment, and the policies of the School as outlined in the *Student and Parent Handbook* and the *Code of Conduct* and I hereby agree to all the terms and conditions stated therein.**

Parent's or Guardian's Full Name

Parent's or Guardian's Signature

Date

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Signature of Principal, Vice-Principal, Administrator





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**CONSENT OF PARENT(S)/GUARDIAN(S)**

I / We hereby warrant and acknowledge, that the above information for is complete and accurate to the best of my/our knowledge. I / We also agree to provide to the School, in a timely manner, any changes regarding my/our child's information.

I/We understand and agree that, in the event of a medical emergency, a medical practitioner and/or a teacher, Principal or other Royal SCITS Academy Inc. (the "School") employee can authorize emergency medical care for the above named student. In the case of a medical emergency, I/We authorize the School to provide any medical personnel with the basic health information contained in the enrolment form.

I/We authorize the School to provide the above named student with routine first aid, including parental/guardian authorized medication including, but not limited to, the administration of an epi-pen and/or asthma inhaler, and in the event of an emergency, to provide, administer, obtain and/or authorize the necessary medical treatment until such time as I/We can be reached to authorize such further care. It is understood that in the event of a serious medical problem or emergency, every effort will be made to contact the parent(s)/guardian(s). It is understood that this consent shall remain in effect for the current school year and the Summer Camp program should my child enrol in that program.

I/We also agree to release and indemnify the School, its Director, Officers, Agents and Employees from any and all claims for damages arising from any illness, injury, or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

**I/We, hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he/she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.**

**Parent's or Guardian's Signature**

**Date**

**Parent's or Guardian's Printed Name**

**PERMISSION TO GO ON OUTINGS**

I/We give permission for the above named student to participate and travel to and from, all sports related activities and in or out of school events during the school year.

**Parent or Guardian's Signature**

**Date**

**Parent's or Guardian's Printed Name**

Main Campus: 275 Wellington Rd,  
Sarnia, ON, N7T 1H1





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## PROMOTIONAL WAIVER

**Student's Name:**

During the school year and or Summer Camp program, numerous photographs are taken to document daily classroom activities, trips, events and special activities. Some of these photographs are used for internal school purposes, such as bulletin board displays, yearbooks and RSA newsletters.

By enrolling my child in the School and permitting them to participate in school activities and events, I acknowledge that the School may use the photographs taken of my child for internal school purposes, promotional, advertising and public relations purposes.

Royal SCITS Academy Inc. also reserves the right to use my child's name, photograph and or videos containing my child's image for promotional, advertising and or public relations purposes. Such photographs or name use may be included in the Royal SCITS Academy Inc. brochures, posters, Web site and newspaper, magazine and television advertisements. Royal SCITS Academy Inc. will incur the full costs of such photography or videotaping.

I acknowledge and confirm that all photographs, advertisements, Web site materials and related records and documents used in, arising out of or related to Royal SCITS Academy Inc. promotional, advertising and/or public relations activities shall remain the exclusive property of Royal SCITS Academy Inc. who shall own all copyright.

I also waive any and all rights to any personality rights of my child to Royal SCITS Academy Inc. for use on the Royal SCITS Academy Inc. Web site or in other promotional, advertising or public relations materials.

I have read and understood the above and in checking the circle to the left, I indicate my agreement to the above.

**Parent's or Guardian's Signature**

**Parent's or Guardian's Printed Name**

**Date**

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Sarnia, ON, N7T 1H1



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## CONSENT TO PARTICIPATE IN SPORTS

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, formally give my permission to participate in RSA sports activities including, but not limited to, intramurals, varsity teams, competitions, or recreational activities before, during and/or after school hours during the school year at or Royal SCITS Academy's property.

For students who will be participating in the elite athletics sports program, parents and guardians must be aware that RSA varsity athletic teams are members of a competitive league and the events are oriented towards developing student athletes and also aimed at achieving championship banners. Coaches will continue to strive towards consistent fair playing time for all athletes; however, due to the nature of competition this will not always be possible and will be left to the coaches discretion.

I understand that all members of the team will be required to attend all practices and tournaments. Failure to be present at all practices and games may result in their dismissal from the team. Students will be travelling by bus, on occasion, to tournaments and as a result, they may be leaving school as early as 7:00 a.m. and arriving back at school by approximately 7:30 p.m. Students will be responsible for completing any homework and or any missed work from their class teacher due to game participation.

I understand that the team uniform is mandatory. I understand that failure to make payment for the uniform and participation fees by the deadline may result in the student being suspended from the team. Payment deadlines are indicated on the team memo.

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports activities. These types of injuries may be minor or serious and may result from one's own action or actions or inactions of others, or a combination of the above. I hereby warrant that the student is physically fit to participate in the above activity and understand that the choice to participate brings with it the assumption of those risks and results which are part of the activity.

I hereby release, hold harmless and forever discharge the Royal SCITS Academy Inc. and any of their respective officers, employees, coaches or agents, from any and all actions, causes of action, claims, and demands for damages, indemnity, costs, interest, loss or injury or every nature and kind whatsoever and howsoever which I have had, may now have or may hereafter have, in any way arising from my child's participation in sports activities.

I declare having read and understood the above consent agreement in its entirety and hereby consent to participate, acknowledge and agree to all the foregoing.

Parent's or Guardian's Signature

Date

Printed Name

Main Campus: 275 Wellington Rd,  
Sarnia, ON, N7T 1H1

**RoyalSCITSAcademy.ca**

*\*Registered Business Name of Royal SCITS Academy Inc.*



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## ROYAL SCITS ACADEMY INC PARENT/GUARDIAN DAILY SCREENING COMMITMENT FORM

The health, safety and well-being of students and staff is a top priority.

As you are aware, the best understanding of the present evidence is that COVID-19 can be transmitted by persons who do not exhibit symptoms. There is no guarantee that COVID-19 will not be contracted by persons entering School premises.

In addition to daily active screening, please note that all students will be monitored at School for possible signs or symptoms of illness.

As a Parent/Guardian, **you must prevent the spread of illness by keeping your child home from School if you or your child experience any of the following signs or symptom's:**

- Fever (temperature of 37.8°C or greater)
  - Chills
  - New or worsening cough
  - Barking cough, making whistle noise when breathing
  - Shortness of breath
  - Sore throat
  - Difficulty swallowing
  - Runny nose (not related to seasonal allergies or other known causes or conditions)
  - Stuffy or congested nose (not related to seasonal allergies)
  - Lost sense of taste or smell
  - Pink eye (conjunctivitis)
  - Headache that is unusual or long lasting
  - Digestive issues, such as nausea/vomiting, diarrhea, stomach pain
  - Muscle aches that are unusual or long lasting
  - Extreme tiredness that is unusual (fatigue, lack of energy)
- If your child experiences any of the symptoms while at the School, staff will contact you or one of your emergency contacts to pick up your child **immediately** (including siblings). While your child waits for you or your designate to arrive, they will be separated from the other children.
  - I agree to the screening requirements and to accurately carry out the daily screening. Misrepresentation regarding the information provided to the School could result in exclusion of the child from the School.
  - This agreement remains in effect for the duration of the school year.

Name of Student

Date

Name of Parent

Signature



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## PARENTAL CONSENT FOR TRANSFER OF SCHOOL RECORDS

In accordance with the Ontario Student Record (OSR) Guidelines published by the Ministry of Education and the provisions of the Municipal Freedom of Information and Protection of Privacy Act, ROYAL SCITS ACADEMY INC requires consent from the parent or guardian to request student records. Please sign below.

I hereby consent to the transfer of student records and evaluations for:

<b>Surname</b>	<b>First Name</b>	<b>Date of Birth (DD/MM/YY)</b>	<b>Grade Enrolling In</b>
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to be transferred to: Royal SCITS Academy Inc.

**From (Name of School:)**

**Address of Current School:**

**Telephone Number:**

**Fax Number:**

**School Email Address:**

**Parent's or Guardian's Printed Name**

**Parent's or Guardian's Signature**

**Date**

## ONTARIO STUDENT RECORD REQUEST FORM

Dear Sir or Madam:

Please forward the O.S.R. and helpful medical information for the above referenced student:

The O.S.R. is to be sent to the following address:

**Royal SCITS Academy Inc  
275 Wellington St,  
Sarnia, ON,  
N7T 1H1**

We hereby agree to accept responsibility for the record and to use, maintain, transfer and dispose of the record in accordance with the guidelines for the Ontario Student Record System.

Samantha Schmidt, Principal

**Main Campus:** 275 Wellington Rd,  
Sarnia, ON, N7T 1H1

**RoyalSCITSAcademy.ca**



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Student's Name:

Date of Birth:

Please indicate which credit card will be used:      **Visa**                      **Master Card**

Name on Card:

Contact Number:

**Choose one of the following options:**

**Option A: Single Payment**

*I hereby authorize Royal SCITS Academy Inc to use the credit card information I will provide to process a one-time payment for my child's tuition.*

**Option B: Monthly Payments**

*I hereby authorize Royal SCITS Academy Inc to use the credit card I will provide to process monthly payments for my child's tuition. Charges to my account will be processed on the first of the month starting September 1 and ending May 1.*

**Option C: Alternate Payment**

*I do not wish to pay by credit card and will contact the School at the Man Campus telephone number below to make alternate arrangements.*

NOTES:

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

CCV: \_\_\_\_\_

(or email to [admin@royalscits.ca](mailto:admin@royalscits.ca))

Pre-authorized payment through the chosen credit card will be the monthly payment option. All credit card information will be processed in a secure and confidential manner and in accordance with the School's privacy policy.