



2223 Spiller Road SE  
Calgary, Alberta  
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www.janusacademy.org

## APPLICATION FOR ADMISSION

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_ Gender: \_\_\_\_\_

Current School: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address of School: \_\_\_\_\_

Resident School Board (Public or Catholic): \_\_\_\_\_

Please list all educational/therapeutic programs or schools attended starting with the most recent:

School	Address	Dates of Attendance	Comments

## FAMILY INFORMATION

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Student PRIMARILY lives with:  Both parents  Mother  Father  
 Legal Guardian  Other (specify): \_\_\_\_\_

If the child does not live with both parents in one household, please answer the following:

Are Parents:  Separated  Divorced  Is separation/divorce pending?

Who is the legal guardian? \_\_\_\_\_

If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy of the most recent custody document must be placed in the student record.

Name and date of most current legal document \_\_\_\_\_

Attach copy

To whom should school notices of parent meetings & school reports be sent?

Father

Mother

Both

Sibling: \_\_\_\_\_ Age/Relationship: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age/Relationship: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age/Relationship: \_\_\_\_\_

## MEDICAL INFORMATION

Emergency Contact (other than parents): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Procedures (e.g. Benadryl, EpiPen, etc.):

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Current Medications:

Medication	Dosage	Reason

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Seizures (Y/N) -Treatment: \_\_\_\_\_

Recurring Health Ailments:

\_\_\_\_\_

List other physical sensitivities/disabilities:

\_\_\_\_\_

History of childhood diseases/operations:

\_\_\_\_\_

## **CURRENT STUDENT FUNCTIONING**

Language and Communication (verbal/non-verbal, augmentative communication, language comprehension, answering questions, length of utterances, number of words/signs, etc.):

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Socialization (adult and peer interaction, familiar and unfamiliar people, crowds, ability to follow social cues and social rules, eye contact, etc.):

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Play and Leisure skills (favourite toys and activities, peer involvement, time engaged):

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Motor Skills/Sensory:

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Daily Living (toileting, eating, washing, dressing, etc.):

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Early Learner Skills/Academics (imitation, matching, graphic skills, math skills, reading skills, grade level curriculum, etc.):

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Behaviour (attention to task, tolerance of demands, self-stimulatory behaviour, aggression, self-abuse, etc.):

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## **FUTURE PROGRAMMING**

What are your immediate concerns that you would like to see addressed in your child's program?

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What types of toy's, social games, etc. are motivating to your child?

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What types of activities, etc. does your child dislike?

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What are your long term-goals for your child? (e.g. classroom integration, community integration, number of years at Janus Academy, etc.)

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Have you applied to Janus Academy in the past?  Yes  No

If yes, when? \_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_

Return this application and required documentation to:

Karli Martin  
Janus Academy  
2223 Spiller Road SE  
Calgary, Alberta  
T2G 4G9  
or  
karli@janusacademy.org