

CITIZENSHIP

Is the student a Canadian citizen? Yes No

If this student is not Canadian, please check one of the following that applies:

- Permanent Resident/Landed Immigrant
- Child of a Canadian Citizen
- Child of one who has been lawfully admitted to Canada for permanent or temporary residence (i.e. parental work visa)

ABORIGINAL SELF-DECLARATION

If you wish to declare the student is Aboriginal, please check one:

- First Nation (status) First Nation (non-status) Métis Inuit

For further information, please refer to: www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx or contact Alberta Education at 780.427.8501.

If you have questions regarding the collection of student information by the school, please contact Janus Academy's Principal at 403.262.3333.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student may be eligible for ESL support when the language spoken mainly at home is a language other than English. ESL students can be Canadian born or foreign born.

Do you think your child would benefit from ESL support? Yes No

Do you need assistance with interpretation? Yes No

Language mainly spoken at home _____

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

Sibling: _____ Age/Relationship: _____

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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.):

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

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

Motor Skills/Sensory:

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

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

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

FUTURE PROGRAMMING

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

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

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

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

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

If yes, when? _____

Signature: _____ Date: _____

Relationship to applicant: _____

APPLICATION CHECKLIST

You must submit the following documents for an application to be considered:

- Completed Application for Admissions
- Documentation giving a diagnosis of Autism Spectrum Disorder (ASD)
- Psycho-Educational assessment that is not more than 18 months old
- SLP Report
- OT Report
- Copy of your child's Birth certificate
- Most recent IPP or Report Card

Return this application and required documentation to:

Janus Academy
ATTN: Karli Martin
200 - 403 33 Street NE
Calgary, Alberta
T2A 1X5

Or, email to: registration@janusacademy.org