

The YMCA Academy ▪ Admissions Application



Confidential Document

The YMCA Academy, 15 Breadalbane Street, 3rd Floor, Toronto ON, M4Y 1C2
Tel: 416-928-0124, Fax: 416-928-0212, E-mail: admissions@ymcaacademy.org Website: www.ymcaacademy.org

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Admissions Package Checklist and Required Documentation:

Forms & Fee:

- Admission Application Forms – 6 pages
- Application Fee

Documents:

- School Transcript – copy of most recent transcript
- Report Cards – copies of two most recent report cards
- Psychological / Educational Assessments – copies of all assessments
- IEP – copy of most recent Individual education plan
- Birth date / Citizenship Verification – copy of either:
 - Birth certificate, Passport OR Record of Landing
- Recent Photograph – copy for our files

Submit Admissions Package:

Place all above forms & documents into a sealed envelope and submit to The YMCA Academy either:

- in person or by mail
- OR
- by fax or e-mail an electronic copy

* Failure to complete and / or submit the necessary documentation may result in a delayed decision regarding acceptance for new students.

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Student & Parent / Guardian Contact Information

Name of Student: _____ **Date of Birth** ____ / ____ / ____
Last First Middle D M Y

Place of Birth: _____ (City Country) **Citizenship:** _____

Please attach copy of citizenship / birth date verification (I.e. passport, birth certificate, record of landing).
 If birth place is other than Canada, provide date of entry into Canada. _____ (D / M / Y)

Gender: _____ **First Language:** _____ **Student's E-mail:** _____

Home Address, Street: _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Ph: () _____ **Student's Cell Ph: ()** _____

With whom does the student live? _____

Parent /Guardian 1:	
Name: _____ <small style="margin-left: 40px;">Last First Middle Initial</small>	
Relationship to student: _____ <input type="checkbox"/> Shared Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> No Custody	
Home address: <input type="checkbox"/> Same as above <input type="checkbox"/> See following	
Street: _____	
City: _____ Province: _____ Postal Code: _____	
Preferred Email: _____	
Home Ph: () _____	
Business:	
Position: _____	
Business Name _____	
Business Address: _____ - _____	
City: _____	
Province: _____ Postal Code: _____	
Ph: () _____ Fax: () _____	
Cell: () _____	
Relationship Status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed	
Name of Step-Parent: _____	

Parent /Guardian 2:	
Name: _____ <small style="margin-left: 40px;">Last First Middle Initial</small>	
Relationship to student: _____ <input type="checkbox"/> Shared Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> No Custody	
Home address: <input type="checkbox"/> Same as above <input type="checkbox"/> See following	
Street: _____	
City: _____ Province: _____ Postal Code: _____	
Preferred Email: _____	
Home Ph: () _____	
Business:	
Position: _____	
Business Name: _____	
Business Address _____	
City: _____	
Province: _____ Postal Code: _____	
Ph: () _____ Fax: () _____	
Cell: () _____	
Relationship Status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed	
Name of Step-Parent: _____	
<input type="checkbox"/> Please include Parent 2 in school mailings / updates	

***Note: All school mailings and updates will be sent to Parent 1, unless otherwise indicated.**

***Please advise the YMCA Academy as soon as possible if your contact information has changed.**

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Student Educational Background

Full Name of Present / Most Recent School: _____

Board of Education: Private / Independent Toronto District School Board Toronto Catholic School Board
 Other (please specify) _____

City: _____ **Province:** _____ **School Ph: ()** _____

School fax: () _____ *(*IMPORTANT: Fax # is required to request a student's OSR)*

Student's proposed date of entrance to The YMCA Academy: _____ **Proposed grade at entrance:** _____

Does the student have a current IEP? _____ (Y / N) *(*Please enclose the most current &/or most relevant IEP)*

Please list the last three schools attended:

From D / M / Y	To D / M / Y	Name of School	Telephone Number	Grade(s) Completed	IEP Supported? (Y / N)

Has the student been dismissed or withdrawn from any school? Yes No

Has the student voluntarily withdrawn from any school? Yes No

If student has been dismissed, withdrawn or voluntary withdrawn from any school please list the incident:

From D / M / Y	To D / M / Y	Name of School	Dismissal (D) Withdrawal (W)	Reason

How did you hear about The YMCA Academy?

- | | |
|---|--|
| <input type="checkbox"/> Google / Web Search | <input type="checkbox"/> Print Material (postcard, pamphlet) _____ |
| <input type="checkbox"/> Google / Web Advertisement | <input type="checkbox"/> Referral from another YMCA Program _____ |
| <input type="checkbox"/> Facebook Advertisement | <input type="checkbox"/> Referral from an Elementary School _____ |
| <input type="checkbox"/> E-mail Advertisement / Promotion | <input type="checkbox"/> Referral from a High School _____ |
| <input type="checkbox"/> Banner / Sign at a YMCA Location | <input type="checkbox"/> Referral from a 3 rd Party service provider (psych ed. consultant, psychologist, etc.) _____ |
| <input type="checkbox"/> TTC Advertisement | <input type="checkbox"/> Referral from a friend / family member _____ |
| <input type="checkbox"/> Radio Advertisement | <input type="checkbox"/> Current/Former Academy family _____ |
| <input type="checkbox"/> Referral from YMCA website | <input type="checkbox"/> Current/Former Academy staff _____ |
| <input type="checkbox"/> Other _____ | |

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Application Fee

- Application Fee**
Please attach a cheque or money for \$250 made payable to 'The YMCA of Greater Toronto'.

Note: - We are unable to accept post-dated cheques or cash. In the event that a cheque is returned to us from the bank due to insufficient funds, an NSF fee of approx. \$30 will be charged to the applicant by The YMCA of Greater Toronto.

OR

- Tuition Assistance Request**
I would like to be considered for Tuition Assistance. Tuition Assistance Application Package shall be submitted separately.

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Upon Completion of the Admissions Application:

1. **Tour & Interview** - The YMCA Academy Admissions Committee will contact the applicant by phone to set-up an in-person interview with Parent(s) / Guardian(s) and student.

Examples of questions asked in The YMCA Academy interview:

- a. Which of your subjects in school do you enjoy the most? Please explain.
- b. What do you believe you need in school to be successful? (I.e. extra help, small classes, additional time on tests / assignments, etc.)
- c. Why are you interested in joining us at The YMCA Academy?

2. **In Class Visit** - The student will be invited to attend a full day of classes at The YMCA Academy.

3. **Educational Assessment** - The student will complete an on-site Math and Language / Literacy Educational Assessment to help guide the student's course selection upon acceptance. (This applies to potential Grade 9 students only)

4. **Admissions Decision** – The YMCA Academy Admissions Committee will make a final decision and applicants will be informed by mail whether they have been accepted, wait-listed or declined. If applicants are accepted, they will have 10 business days to accept the offer and return their completed financial paperwork (which will be issued upon official acceptance).

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