



WAITING LIST FORM

Date: _____

Child's name: _____ Gender: M or F

Child's Age/Child's Date of Birth: _____

Address: _____

Mother/Guardian	Father/Guardian
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Student's current school : _____ grade: _____

Please add my child's name to your waiting list for the 20____ school year for grade ____.

Programming information: In order to determine whether or not CAPE can provide the program necessary for your student, CAPE requires accurate information as to the services your student has accessed or currently accesses. This information is treated as private and kept confidential. Please be sure to answer each question.

HISTORY

Has your student ever been assessed for:

- | | | |
|------------------------|----|-----------------|
| speech services? | No | Yes (see below) |
| hearing difficulties? | No | Yes (see below) |
| physical therapy? | No | Yes (see below) |
| occupation therapy? | No | Yes (see below) |
| behavioural issues? | No | Yes (see below) |
| attention issues? | No | Yes (see below) |
| learning difficulties? | No | Yes (see below) |

If you answered yes to any of the above, has your student been given any diagnoses based on the above assessments? If so, please indicate:

ACCESS to SERVICES

Has your student ever accessed the services of a:

speech/language specialist?	Yes	No
audiologist?	Yes	No
physical therapist?	Yes	No
occupational therapist?	Yes	No
behavioral consultant?	Yes	No
educational psychologist?	Yes	No
child psychiatrist?	Yes	No
tutor / tutoring service?	Yes	No

CURRENT NEEDS

Does your student currently access or require the services of a:

speech/language specialist?	Yes	No
audiologist?	Yes	No
physical therapist?	Yes	No
occupational therapist?	Yes	No
behavioral consultant?	Yes	No
educational psychologist?	Yes	No
educational psychiatrist?	Yes	No
tutor / tutoring service?	Yes	No

Does your student require extensive adaptations to the program and/or environment and/or specialized technologies and/or one-on-one support? *If yes, please explain:*

Language first spoken: _____

Language(s) Spoken at home, if not English: _____

Please provide any further information you may feel helpful to us in understanding the learning needs of your student:

Please note that the Special Education Program section 47 of the School Act does not apply to charter schools, and that the CAPE charter clearly states that the CAPE program is not designed for students with severe or multiple special needs. As of Sept 1, 2015 the Severe Disability section on the proclaimed Education Act will apply to charter schools.

How did you hear about CAPE? _____

CAPE - Centre for Academic and Personal Excellence
830A Balmoral Street SE
Medicine Hat, AB
T1A 0W9
Tel: (403) 528-2983
Fax: (403) 528-3048
www.capeisgreat.org



**ACCESS of STUDENT INFORMATION
Pre-Registration**

I _____ , parent/guardian of
print parent/guardian name

_____ give permission for an administrator
print student name

from CAPE to access program information from my student's current school,

_____. This information informs the
print name of school

decision-making process regarding availability of suitable programming at CAPE
school for my student.

Parent / Guardian Signature: _____

Date: _____

CAPE'S REGISTRATION PROCESS

Any person interested in registering a student at CAPE school may access the CAPE website, or the office, in order to obtain specific information about the school.

1. At any time throughout the year, an interested person may complete a waiting list form for a student. This form may be downloaded from the website or be picked up from our office. As forms are received by our office, they are dated. These dates determine the first-come, first-served order for available spaces.

2. In early February, available spaces for students are determined. The process for new registrations begins.

A. Possible registrations are treated on a first-come, first-served basis. Parents are contacted to see if they are interested in continuing with the registration process.

B. The current school of the prospective student is contacted by a member of our administration. Information regarding student need(s) is gathered from files and interviews. This information is private and kept confidential.

C. This information is used to determine the types of support necessary to assist the individual student. This list is then analyzed to determine what level of support CAPE is able to provide. This will ultimately determine if CAPE has a program to meet the students needs or not.

D. If CAPE is able to provide support directed to meet student need(s), the parents are contacted and invited to attend a registration meeting at which time they will be given registration documents.

If CAPE is unable to provide a program for a student, the parents will be contacted and informed. Information regarding alternative placements and options available within the community will be provided if requested.

3. Registration documents must be returned within one week of receipt. It is the timely return of these documents that secures the child's enrolment in the school. If extra time is required, an arrangement must be made with the administration prior to an extension being given.