

## **West Vancouver School District Premier Golf Academy Registration Procedure**

### **New Parents:**

All new students MUST register at in person at the main office, **Rockridge Secondary School** prior to being fully accepted in the Golf Academy. You must show your child's last report card, bring the birth certificate and proof of residency. **This must be completed by March 1, 2011.**

### **All New and Returning Parents:**

#### **CHEQUE and PAPERWORK REQUIREMENTS - DEADLINE: MARCH 10, 2011**

This year, registration into the Golf Academy is not confirmed and placement secured until all cheques are received and paperwork completed. This must be done by March 10, 2011. If all the paperwork and cheques are not received by March 10, 2011, your son or daughter will no longer be a confirmed participant in the program and parents will be notified via e-mail. If needed, appointments will be available: Email: [jjohnson@sd45.bc.ca](mailto:jjohnson@sd45.bc.ca) Telephone: 604-202-2041

You will be required to bring the following post dated cheques and the attached completed commitment form for full registration and acceptance into the program:

All Cheques are to be made out to: ' *West Vancouver School District 45* ' - All Taxes included.

*Attn: Jill Johnson - Premier Golf Academy - @ Rockridge Secondary School 5350 Headland Dr.*

*Questions can be directed to Jill at 604-202-2041 or [jjohnson@sd45.bc.ca](mailto:jjohnson@sd45.bc.ca)*

	Post dated to:	
DEPOSIT CHEQUE	September 1, 2011 :	\$300
SEPTEMBER	September 1, 2011:	\$395
OCTOBER	October 1, 2011:	\$695
NOVEMBER	November 1, 2011:	\$595
DECEMBER	December 1, 2011:	\$595
JANUARY	January 1, 2012:	\$595
FEBRUARY	February 1, 2012;	\$595
MARCH	March 1, 2012:	\$595
APRIL	April 1, 2012:	\$695
MAY	May 1, 2012:	\$695
June	June 1, 2012:	\$175
<b>Annual Total Fees:</b>		<b>\$5,930</b>

**Classroom Component:**

- 1 post-dated cheque dated September 1, 2011 in the amount of \$15 for the student binder & classroom content materials that will be provided for the year.

1 post-dated Cheque - September 1, 2011 for Student Binder/ Course Materials **\$15.00**

All cheques made payable to:

**WEST VANCOUVER SCHOOL DISTRICT #45 (WVSD #45)**

**INDUSTRIAL ALLIANCE PACIFIC (IAP) INSURANCE**

The School District does not provide Accident Insurance to students in the Sports Academies. It is strongly recommended that you obtain additional insurance in recognition of the activity level of the Academy program in which you are registering your child. If you would like to obtain the IAP Insurance, application forms can be picked up at the Main Office. In the past, this insurance was mandatory and was arranged by the Sports Academy.

**Please sign and bring this completed form to the Sports Academy Office with your post-dated cheques.**

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It is our expectation that should a student be selected to be a part of the golf program, s/he is committed for the **full** year, September through June. Students who withdraw from the program prior to June completion are required to pay the monthly fee for the full year.

**2011/12 COMMITMENT FORM**

**West Vancouver School District Premier Academy  
Golf Program**

**We agree to a commitment to the Premier Golf Academy for the 2011-2012 school year. We understand that if a student withdraws, the academy fees continue to be paid for the school year.**

Student Name: \_\_\_\_\_

Parent Name: (please print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

**Student Accident Insurance IAP**

**The School District does not provide Accident Insurance to students in the Sports Academies. It is strongly recommended that you obtain additional insurance in recognition of the activity level of the Academy program in which you are registering your child. Please indicate below whether you intend to apply for Student Accident Insurance-Active Plan (IAP). Forms will be available at your Sports Academy appointment.**

\_\_\_\_\_ **Yes, I intend to apply for additional insurance. I will contact IAP to enroll my child.**

\_\_\_\_\_ **No, I already have sufficient coverage for my child, therefore I will not apply for the recommended IAP additional insurance coverage.**

Signed (Parent): \_\_\_\_\_

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