

GENERAL INFORMATION

HISTORY

Summit School was established in 1963 with four pupils and one teacher. Today there are over 200 employees working with approximately 620 students ages 4 to 21 with intellectual disabilities.

We are a private school recognized and subsidized in the public interest by the Ministère de l'Éducation du Loisir et du Sport. We accept children from the island of Montreal, Laval, West Island, and the South and North Shores. School boards, hospitals, parents, and social service agencies refer the children to the school. The challenges these children face include developmental delays, emotional and behavioral disturbances, autism, physical and sensory deficiencies.

SCHOOL HOURS

School hours are as follows:

Arrival - 9:15 a.m.

Dismissal - 2:50 p.m.

OFFICE HOURS

The school office is open from 8:30 a.m. to 4:30 p.m. everyday. Please call in advance if you wish to see any staff member or visit the classroom.

TRANSPORTATION

Provided for students on the island of Montreal, including West Island and Laval, within a reasonable distance. South Shore students must arrange special transportation with their local school board.

INDIVIDUAL EDUCATION

Each child at Summit School has an Individual Education Plan (IEP) designed specifically to meet his or her needs. The programs emphasize academics, social, vocational and daily living skills, communication and language abilities, computer programs, physical education, leisure, and creative activities.

JOB TRAINING PROGRAM

Summit School is especially proud of its job-training program where special emphasis is placed on preparing graduating students for jobs in the community. Since 1985, 75% of graduates have been helped to find full time paid employment.

N.B.: We always need to know of any available jobs in the market place that would help our students develop a variety of skills. If you know of or can provide a job suitable for one of our students or for apprentice purposes, please contact the school.

SATELLITE CLASSES

There are some high school "Satellite" classes under our supervision in a regular secondary school for students who fit the criteria.

OVERVIEW OF STAFF

In addition to special education teachers, Summit School students and their families benefit from the complementary services of our diverse support staff. These include psychologists, social workers, physiotherapists, occupational therapists, speech therapists, educational consultants, physical education instructors, life-skills teachers, vocational trainers, art teacher, art therapist, music therapist, music teacher, choir director, a computer specialist, a nurse and teaching assistants.

Dear Parent(s)/Guardian(s):

The following is a list of documents required to apply for ADMISSION TO SUMMIT SCHOOL.

As your child's application will not be processed until his/her file is complete, be sure that you have all these documents included with your application. We request that you answer the following questions as completely as possible in order to better understand your child. This information will be part of his/her record and will be kept confidential.

***YOU MUST INFORM YOUR LOCAL ENGLISH SCHOOL BOARD that you are applying. Your child will not be considered without a prior agreement form the board to sign an "Entente" if he/she is accepted.**

To ensure prompt processing of your application be sure to include the following documents.

- Application form
- 50\$ non-refundable application fee.**
Payable by cheque or money order made out to Summit School
- A copy of the student's Long form birth certificate (having both parent's names)
- A copy of the student's English Eligibility certificate. If your child does not yet have one, then a copy of the English certificate of sibling or parent, **or** proof of education in Canada in English for either parent (a school transcript for example with permanent code).
Proof of citizenship for **this** parent (birth certificate, passport, citizenship card, Permis de conduire Plus)

Most recent:

- IEP (Individual Educational Plan) from current school.
- Report Card
- Psychological Assessment
- Diagnosis
- Therapy reports (speech, OT, physio)
- Hearing test (not more than 5 yrs old)

MAIL these documents with this form to:

Summit School c/o Admissions
1750 Deguire
St. Laurent, QC.
H4L 1M7

PLEASE DO NOT FAX OR EMAIL (Applications sent by fax OR email will not be accepted).

AUTHORIZATION OF THE RESPONSIBLE PARENT / GUARDIAN

I hereby authorize Summit School to communicate with the educators and professionals at the school and/or school board that my child currently attends in order to obtain supplemental information in relation to my child's academic profile and/or psychological profile.

STUDENT: _____

DATE OF BIRTH: _____

Parent / Guardian signature: _____

APPLICATION FOR ENROLLMENT

PLEASE INSERT A
RECENT
PHOTOGRAPH OF
YOUR CHILD

DATE SENT: _____

DATE RECEIVED: _____
(FOR OFFICE USE ONLY)

STUDENT IDENTIFICATION:

(Last name) (First name)

DATE OF BIRTH: _____ (dd/mm/yy) GENDER: Male Female

PLACE OF BIRTH: _____ (If born outside of Canada, you **MUST** submit Immigration Canada/Que. documents)

RELIGION: _____ MOTHER TONGUE: _____

DIAGNOSIS: _____ MEQ CODE OF DIFFICULTY: _____

PERMANENT CODE: (Your child only has this code if they are already in school) _____

EMERGENCY CONTACT: _____ ()
(Other than parent) (Name) (Phone no.) (Relation)

LEGAL GUARDIAN(S): *Please check off who the legal guardian is for this applicant*

BOTH PARENTS FATHER MOTHER OTHER/ Full name: _____
Relation to applicant: _____

LIVES WITH: FATHER & MOTHER MOTHER ONLY FATHER ONLY
 CAREGIVER (*Foster parent, Group home, family member other than parent.*)
 FATHER & MOTHER SEPERATELY (*Indicate frequency below: alternating weeks or months/ weekend only etc..*)

FATHER IDENTIFICATION:

LAST NAME: _____ FIRST NAME: _____

BIRTHPLACE: _____ BIRTHDATE: _____
(dd/mm/yy)

ADDRESS: _____ APP#: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: () _____ WORK PHONE NO.: () _____

CELLULAR NO. () _____ E-MAIL ADDRESS: _____

MOTHER IDENTIFICATION:

LAST NAME: _____ FIRST NAME: _____

BIRTHPLACE: _____ BIRTHDATE: _____
(dd/mm/yy)

ADDRESS: _____ APP#: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: () _____ WORK PHONE NO.: () _____

CELLULAR NO.: () _____ E-MAIL ADDRESS: _____

CAREGIVER IDENTIFICATION (if applicable):

LAST NAME: _____ FIRST NAME: _____

BIRTHPLACE: _____ BIRTHDATE: _____
(dd/mm/yy)

ADDRESS: _____ APP#: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: () _____ WORK PHONE NO.: () _____

CELLULAR NO.: () _____ E-MAIL ADDRESS: _____

LIST SIBLINGS LIVING AT HOME IN ORDER OF BIRTH:

NAME	GENDER	BIRTHDATE	SCHOOL	GRADE
1. _____				
2. _____				
3. _____				

ANY OTHER PEOPLE LIVING IN YOUR HOME? – PLEASE SPECIFY: _____

WHICH SCHOOL OR DAYCARE IS YOUR CHILD **PRESENTLY ATTENDING**? _____

ADDRESS & TELEPHONE NO.: _____

PREVIOUS SCHOOLING: (Beginning with the present school, daycare, or agency)

<u>NAME OF SCHOOL</u>	<u>TYPE OF SCHOOL/CLASS</u>	<u>SCHOOL BOARD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOU MUST INFORM YOUR LOCAL ENGLISH SCHOOL BOARD that you are applying. Your child will not be considered without an “Entente” from your School Board.

NAME OF SCHOOL BOARD CHILD WOULD NORMALLY ATTEND _____

IS YOUR SCHOOL BOARD AWARE THAT YOU ARE APPLYING TO SUMMIT SCHOOL? _____

IF YES, WHO IS YOUR CONTACT PERSON AT THE BOARD? _____

WHAT AGENCY OR PERSON REFERRED YOU TO SUMMIT SCHOOL? _____

HAVE YOU RECEIVED HELP FOR YOUR CHILD FROM AN AGENCY, THERAPIST ETC.? DESCRIBE INCLUDE DATES:

MEDICAL REPORTS ON FILE WITH: _____

ADDRESS: _____

PSYCHOLOGICAL REPORTS ON FILE WITH: _____

ADDRESS: _____

MEDICAL INFORMATION:

MEDICARE NO. _____ **EXPIRATION DATE:** _____

CHILD'S LAST MEDICAL CHECKUP DATE: _____ WHERE? _____

CHILD'S WEIGHT: _____ HEIGHT: _____

PEDIATRICIAN'S NAME: _____ PHONE NO.: _____

DOES YOUR CHILD HAVE SEIZURES? YES _____ NO _____

HOW OFTEN DO THEY OCCUR? _____ AT ANY SPECIAL TIME? _____

ARE THEY GRAND MAL? YES _____ NO _____ PETIT MAL? YES _____ NO _____

PLEASE GIVE A BRIEF DESCRIPTION? _____

DOES YOUR CHILD SUFFER FROM ALLERGIES? YES _____ NO _____

IF SO, TO WHAT? _____

IS YOUR CHILD ON MEDICATION ON A REGULAR BASIS? YES _____ NO _____

IF SO, PLEASE COMPLETE THE FOLLOWING TABLE:

NAME OF MEDICINE	DOSAGE	Frequency	REASON FOR TAKING IT

DOES YOUR CHILD:

EAT WELL? YES _____ NO _____

RECEIVE A SPECIAL DIET: (If so what type of diet) _____

SLEEP WELL? YES _____ NO _____

WET THE BED AT NIGHT? YES _____ NO _____

DATE OF LAST EYE EXAMINATION: _____ WHERE: _____

RESULTS: _____

DATE OF LAST HEARING TEST: _____ WHERE: _____

RESULTS: _____

DATE OF LAST NEUROLOGY CHECKUP: _____ WHERE: _____

RESULTS: _____

DATE OF LAST DENTAL CHECKUP: _____ WHERE: _____

RESULTS: _____

HAVE THERE BEEN ANY SERIOUS ILLNESSES OR CHRONIC CONDITIONS IN THE CHILD'S HISTORY?

YES NO PLEASE DESCRIBE: _____

WHAT IS THE ACTUAL STATUS NOW? _____

ARE THERE ANY HEALTH PRECAUTIONS THAT MUST BE TAKEN? _____

IS A SPECIALIST PRESENTLY TREATING YOUR CHILD? YES _____ NO _____

IF SO, PLEASE COMPLETE THE FOLLOWING TABLE.

REASON	SPECIALIST'S NAME	ADDRESS	TELEPHONE

VACCINATIONS:

PLEASE PROVIDE A COPY OF YOUR CHILD'S CARNET SANTE IMMUNIZATION BOOK.

IT IS IMPORTANT THAT WE HAVE ACCURATE VACCINATION HISTORY, AS THE CLSC PROVIDES ANNUAL VACCINATION CLINICS AT THE SCHOOL FREE OF CHARGE.

SOCIAL SERVICES:

ARE YOU RECEIVING SUPPLEMENTARY ALLOWANCE FOR THE HANDICAPPED? YES NO

IF YOUR CHILD TAKES TRANSPORT ADAPTÉ (STCUM) PLEASE INDICATE THE FILE #: _____

FOR APPLICANTS 18 & OVER: Does the applicant have a Social Insurance number? YES NO
Are they receiving Social Assistance benefits from Emploi Qc.? YES NO

DOES YOUR CHILD HAVE A CLSC FILE? YES _____ NO _____

IF YES, NAME OF CLSC AND SOCIAL WORKER: _____

DOES YOUR CHILD HAVE A CRDI FILE? YES _____ NO _____

IF YES, NAME OF CRDI AND EDUCATOR/CONTACT PERSON: _____

THIS RELEASE FORM WILL NOT BE USED TO OBTAIN THE DOCUMENTS LISTED ON THE FIRST PAGE WHICH YOU ARE RESPONSIBLE TO SUBMIT UPON APPLYING.

Please fill in the release form below so that we may obtain any additional documentation concerning your child, in the event that he/she is accepted.

Authorization to Release Information

Student Name:

Date of Birth:

I, _____, hereby authorize _____
(agency, professional etc)

to release the following information concerning my child, mentioned above, to Summit School.

Signature:

Date: _____

To: _____

Address: _____

Information requested: _____

Please send to: Summit School, 1750 Deguire, St. Laurent QC. H4L 1M7

C/O: _____

For office use only

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Address: _____

Information requested: _____

Please send to: **Summit School, 1750 Deguire, St. Laurent QC. H4L 1M7**

C/O: _____

For office use only



INTAKE SCREENING PERMISSION FORM

Applicant's name: _____

D.O.B.: _____

In the event that your child is chosen to come to Summit School for the intake evaluation procedure, he/she will be screened by various professionals. The goal of this screening is to help determine your child's candidacy for the school as well as his or her possible class placement. It may include observations, conversation when appropriate, and testing in the following areas: occupational therapy, physiotherapy, speech-language pathology and academics. Students are not necessarily screened in all areas.

Kindly sign this form in order to give Summit School permission to screen your child appropriately.

Parent's name: _____

Signature: _____

Date: _____

Thank you
Summit School