

## GENERAL INFORMATION

### HISTORY

Summit School was established in 1963 with four pupils and one teacher. Today there are over 175 employees working with approximately 600 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 - 2:45 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 help us 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
- 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)
- Medical reports relevant to disability

**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 the person responsible for admissions at Summit School to communicate with the educators and professionals at the school my child currently attends in order to obtain supplemental information in relation to my child and his or her academic profile. This authorization will be valid throughout the period preceding my child's admission.

**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 SUMMMIT 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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**C/O:** \_\_\_\_\_

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## 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