



HIGHLIGHTS FROM POLICIES

Dear Parent

You will be sent all the school policies after the child is formally enrolled in school. However, we would like to share few highlights from those policies:

1. Board, Teachers, and other staff of the CanAsia School, including every student and employee, are entitled to a respectful work, and learning environment that is:
 - (a) Free from Discrimination and provides for Reasonable Accommodation.
 - (b) Free from Harassment; and
 - (c) Collegial and conducive to early resolution of conflict between employees and students of the CanAsia School.
2. Staff and other persons shall: Treat and discipline students with courtesy, respect, consistency, and fairness.
3. Parents shall follow the **school website** and links to always connect with school including but not limited to Absent Submission, Pick-up and drop off and other concerns.
4. **Students shall:** Develop self-discipline, attend school in school uniform, demonstrate behaviour that contributes to an orderly, supportive, and safe learning environment. Attend school regularly and punctually, come to class on time with all necessary materials, e.g., texts, pens, notebooks, etc., complete assignments and handing them in on time.
5. **Parent(s)/Guardian(s) are encouraged and/or expected to:**
 1. Ensure regular and punctual attendance and encourage completion of all school assignments by their children
 2. Attend school meetings and events, and support the school
 3. Maintain open communication with staff by addressing concerns through proper lines of communication
 4. Treat all staff with dignity and respect.
 5. Assist their children to establish positive attitudes towards achievement as well as respect for peers, school personnel and property
6. **Disciplinary action** can be taken against the student should he/she fail to comply with school guidelines and policies which might lead to temporary and permanent suspension from school.
7. **Transportation** is provided for by the school. School ensures a timely and safe travel for students to and from school. During January and February, there are interruptions due to winter weather. Parents are expected to have patience during those unprecedented times.
8. **Parents are encouraged to read all the attached policies for more details.**



ONE TIME CHARGES:

REGISTRATION:	\$175 current students, \$200 new students from 2024
BOOKS:	\$50 to \$200 Depending on grade level.
SUPPLY CHARGES YEARLY	\$110
UNIFORM (Average)	\$100-\$150

MONTHLY FEE:

TUITION FEE:

KG	\$300
Grade 1 – 6	\$220
Grade 7 – 8	\$250

TRANSPORTATION:	\$150-\$200
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VARIABLE CHARGES:

FIELD TRIPS	\$10-\$30
ANNUAL FUNCTION COST	\$20-\$100 TICKETS WILL BE SOLD
STUDENT PHOTO	\$30-\$50
ICE SKATING	\$100- 6 WEEKS CLASSES
GRADUATION GOWNS	RENTED FROM SCHOOL
PERFORMANCE DRESSES	ARRANGED BY PARENTS
ASSESSORIES FOR EVENTS	ARRANGED BY PARENTS

WHERE TO CONTACT

FOR ALL YOUR CONCERNS USE THE FOLLOWING LINK:

<https://www.canasiaschool.com/parent-connect/>



REGISTRATION FORM

For OFFICE USE ONLY

MET No. _____

GRADE: _____

STUDENT INFORMATION

AS PER BIRTH CERTIFICATE

First name: _____ Middle name: _____ Last name: _____

Date of birth: _____ Gender: _____ Birth Country: _____

Is the child Permanent Resident/Canadian Citizen: YES ☐ NO ☐

Date the student will be sent to CanAsia School: _____

Last School Attended : _____

STUDENT ADDRESS

Apt./St. no.# _____ Winnipeg, MB _____

PRIMARY CONTACT INFORMATION

Primary Email: _____ Phone no.: _____ Alternate no. _____

PARENT INFORMATION

FATHER: First name: _____ Middle name: _____ Last name: _____

MOTHER: First name: _____ Middle name: _____ Last name: _____

Apt./St. no.# _____ Winnipeg, MB _____

EMERGENCY CONTACTS

First name: _____ Middle name: _____ Last name: _____

Relationship: _____ Phone no.: _____ Email: _____

Apt./St. no.# _____ Winnipeg, MB _____

IS THIS PERSON ALLOWED STUDENT CARE IN ABSENCE OF THE PARENTS: YES ☐ NO ☐

SIBLINGS

Name: _____ Birthdate: _____ Sex: _____ School: _____

Name: _____ Birthdate: _____ Sex: _____ School: _____

This personal information is being collected under the authority of the Public School's Act and will be used for educational purposes. It is protected by the Personal Information Protection and Electronic Documents Act (PIPEDA). This information is protected and will be shared with CANASIA SCHOOL only.



Are there any significant home conditions that may affect the child's adjustment and performance? Please explain:
(e.g.: Re-marriage, death, language, other conditions)

LEGAL CUSTODY OF THE CHILD: PLEASE PROVIDE LEGAL DOCUMENTS TO THE SCHOOL

Shared custody: YES ☐ NO ☐ Primary person caring for the child: _____

MEDICAL INFORMATION

Name of Doctor: _____ Phone number: _____ PHIN: 9-digit: _____

Health concerns/Allergies: _____

Additional Health Concerns: Please indicate all the health care needs that apply to the child:

Asthma YES ☐ NO ☐ Bleeding disorder YES ☐ NO ☐ Cardiac condition YES ☐ NO ☐

Anaphylaxis YES ☐ NO ☐ Life threatening allergy (child is prescribed an **EpiPen**)

Diabetes YES ☐ NO ☐ TYPE: _____ Seizure Disorder YES ☐ NO ☐

Is your child currently taking physician prescribed medication? If YES, please provide details:

Please provide details of, if any, other significant physician diagnosed condition.

PROVIDE THE FOLLOWING DOCUMENTS AT THE TIME OF REGISTRATION

1. Copy of BIRTH CERTIFICATE
2. Copy of Status Document: PR or CIT Card
3. Copy of most recent REPORT CARD
4. Administration and Registration fee

(chargeable every year/non refundable)

Pay via e-transfer at: fee@canasiaschool.com

I acknowledge and confirm that I have read all the policies and will abide by them throughout the school year.

Parent Signature

For OFFICE USE ONLY

Principal Signature

Date

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INFORMED CONSENT

Name of the student:

1. Publish or Display Student Work

Our school would like to share information and communicate with parents/guardians by highlighting the school, students and student work or activities in a variety of publications and/or Division organized or sponsored event. The following are examples only and not meant to be an inclusive list of how student information and work may be published or shown:

- students and their displays during school sponsored open houses, professional development sessions.
- students in other school related activities held at the school, school division sites or at school or school division sponsored events.
- division publications, or school publications, which are posted to the school or Winnipeg School Division controlled website.
- or posting or publishing on the school or Winnipeg School Division controlled social media platforms.

Please note: Video and photographs of students posted to the school-controlled websites and social media platforms may identify students by name.

2. Video graphing/Photos/Media

Many positive things take place in the school and we would like to share this good news with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping, or interviews are allowed at schools only with the permission of the principal or vice-principal. In certain cases, an activity/behaviour of a student can be videotaped for record of the school and parents.

3. Emails

The school will transmit electronically any newsletter, school updates and announcements regarding school activities, including fundraising and promotions.

4. Injuries

- I understand that mild injuries/small cuts/bruises, occurred while in school, during playing/field trips, requiring first aid will be dealt only at school level. Parents will only be informed if any further medical care is required/needed.
- I understand that the school may report any injury requiring further medical care in 24 hours of occurrence of injury.
- I understand that in case of injuries requiring emergency medical care, 911 will be called and I will be responsible for any payments thereof.
- I accept that school/staff/students will not be held liable for injury happened while playing, in bus/van or on field trips during school hours.

5. Behaviour

I understand that a behavior of the student can be photographed/videotaped without consent. I further understand that I have read the Code of Conduct Policy, per Unacceptable Behavior, 2(e) specifically and in the entirety of the policy, the child can be expelled from the school at any time of the year. I being the parent will remain respectful to all school staff.

6. Fee Changes

I understand that if the child is leaving to his/her home country, the tuition fee will be charged at full per month. Transportation will not be charged.

By signing this consent form, the parent/guardian agrees to all the above terms.

Parent/Guardian (please print): _____

Signature: _____

Date: _____



APPLICATION FORM TO AVAIL TRANSPORTATION

Name of the Student	Grade	Pick up Address	Drop off Address (If different from Pick up Address)

SIGNED DECLARATION

I request transportation service for the following number of child(ren) _____ as detailed above.

I declare that the information given above is correct and true to the best of my knowledge.

SIGN: _____ (Parent or Guardian) Phone No: _____

Address: _____

Date: _____

Please return the completed Application Form should you want to avail transportation.

OR

Submit the form <https://www.canasiaschool.com/parent-connect/>

Please be advised that transportation is not guaranteed. SEE POLICY
Pick up and Drop off times can vary from:
7am to 8:30am AND 4pm to 5:15pm

Payor's PAD Agreement

Personal Pre-Authorized Debit Plan

Authorization of the Payor to the Payee to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please see the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

Payor Information (please type or print clearly)

1st Payor Name

2nd Payor Name

Student Name

Grade

Monthly Fees

Address

Address

()
Phone No.

()
Phone No.

Signature

Date

Signature

Date

Payor Financial Institution/Banking Information (please type or print clearly)

Branch No.

Institution No.

Account No.

Line of Credit Account Number

Name of Financial Institution

Branch

Branch Address

City/Province

Postal Code

Payee Information (please type or print clearly)

CANASIA SCHOOL INC.

Payee Name(s)

1 SIR JOHN FRANKLIN RD.

WINNIPEG/MB

R3N 1Z9

Address

City/Province

Postal Code

(+1) 204 440 0088

Telephone No.

DD MM YYYY
Date

06857-1000736

Reference # or Account #

School Tuition Fees
Service or Utility

Start Date

Payment Information

Please specify whether the payment is a:
(Please check one)

Fixed Amount: (Please specify)

☐ Variable Amount: If variable, please specify whether there is a maximum amount, or indicate N/A if there is no maximum Amount: _____

Occurring at:
(Please check one)

Set Intervals: Please specify the timing
(i.e. weekly, bi-weekly, monthly)

☐ 1ST DAY OF EACH MONTH

☐ Sporadic Intervals:

Are top-ups or adjustments permissible?
(Please check one)

☒ Yes

☐ No

PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Terms & Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to **Royal Bank of Canada** and any successor or assign of the Bank (the "Bank") debiting my account indicated on the reverse (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the reverse and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the reverse (the "Financial Institution") and I authorize the Financial Institution to honor and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. **If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply.** I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Royal Bank of Canada. I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting www.cdnpay.ca.
This authorization applies only to the method of payment and I agree that cancellation of this authorization does not terminate or otherwise have any effect on any contract that exists between me and the Bank.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I agree to waive the pre-notification requirements in section 6(a) of this Agreement.

Signature of Payor

7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1.
10. I acknowledge receipt of a copy of this Authorization.
11. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.
12. I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

To obtain more information on your recourse rights, contact any Branch of the Royal Bank of Canada or visit www.cdnpay.ca.

I have full responsibility to complete this form along with the payee.

I acknowledge that Royal Bank of Canada has no responsibility to complete this form, and understand that this pre-authorized debit form may not be processed by the payee or the payee's financial institution if all sections are not completed correctly.

Signature of Payor

Date: