

WELCOME TO WHYTECLIFF AGILE LEARNING CENTRE, WHERE STUDENTS ARE PART OF
A SAFE, RESPECTFUL, AND NURTURING COMMUNITY, SENSITIVE TO EACH PERSON
AND THEIR UNIQUENESS.

Whytecliff is a place where every student has the opportunity to learn, grow and thrive. It has been designed to foster talents, and to help students gain a sense of direction.

Our low student-teacher ratio, purpose built environment and holistic approach offer an incredible opportunity for student success. Our staff are committed to this success and build a real sense of community with students where they truly feel part of the school and where their talents, strengths and skills blossom.

The Whytecliff approach is based on the idea that people learn best when there is a match between their skills and the challenges they face. Our teachers provide the most suitable learning materials and support for each student's current skills and individual learning style.

Just as every person is different, so is his or her process of growth. Students are not pushed to change but do make positive changes when they are ready. Each student follows an individualized education plan that has been designed around their potential, capabilities and goals. As a student progresses their individual plan is reviewed and adjusted to reflect their growth.

As an accredited independent secondary school students follow the B.C ministry of education curriculum and graduation requirements.



WHAT WE PROVIDE THE STUDENT

We will provide the students with:

- Self-directed learning approach
- Learning materials
- A sponsor teacher

WHAT WE EXPECT FROM YOU

We expect that the student will:

- Display a self-directed, responsible focus on school success
- Attend consistently and regularly
- Model positive classroom behavior from which other students can learn
- Cooperate with school faculty and staff and respect school codes of conduct

We will help you achieve success through our fair expectations, encouragement, one on one tutoring and through:

- Daily assessment (daily goal setting and evaluation)
- Bi-weekly assessment (meeting with your sponsor teacher every other week to discuss academic and behavioral progress)



WHYTECLIFF AGILE LEARNING CENTRE SUPPORTS AND EXPECTATIONS

The Whytecliff Agile Learning Centre is specifically designed for students who want to continue their education in a cooperative, supportive and caring learning community. The Whytecliff support team uses each student's unique Multiple Intelligences and Learning Style to create an interactive and diverse Individual Educational Learning Plan. Whytecliff students are supported not only by the staff, but also by one another as they work towards a common goal of community, achievement and success.

- Students have an extensive support network that consists of Teachers, Youth Workers and Family Workers. Each member of the team works with the student to help them achieve their goals and create success.
- Students attend Monday to Friday for five (5) hours each day on a rotating schedule.
- Most students are expected to find their own way to school using public transit.
- Students participate in weekly activities and outings that account for credit towards courses such as : Physical Education, Planning 10, Foods, Art
- Students have Christmas, Easter, Spring and Summer breaks.

The Whytecliff Agile Learning Centre provides you with an opportunity to continue or complete your secondary education in an environment where you can feel safe, valued, and respected. We are committed to doing our best towards helping you be as successful as you can be. Welcome!



APPLICATION TO WHYTECLIFF AGILE LEARNING CENTRE

Please complete the following:

Name _____
(First, Middle and Last)

Date of Birth _____

Present Address

Street _____

Telephone _____

City, Prov. _____

Emergency Phone _____

Postal Code _____

Have you attended *Youth Futures* or any other *Special Programme*? If yes, please explain when and for how long.

Please list your previous schools, starting with the most recent.

What secondary grades and courses have you completed?

Is the involved with a Government or Community Agency ?

Yes

No

If so please list Agencies and Contacts:



PARENT / GUARDIAN WAIVER

Participant's Name _____

I, the Parent/Guardian of the above named participant, give my voluntary consent to his/her participation in the Whytecliff Agile Learning Centre Activities that will include, but are not limited to, outdoor recreational pursuits, indoor sports and activities, cultural and career pursuits and such normal activities that shall be associated with regular educational programming.

I recognize that from time to time Focus may subcontract or elect to provide activities from another source and I may be asked to sign additional waivers for those pursuits. The undersigned acknowledges that some activities may involve an element of risk with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named participant.

I release Whytecliff Agile Learning Centre, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named participant or his/her personal property.

This waiver shall include the activities themselves and the Parent/Guardian hereby consents to Focus Foundation providing transportation as Focus Foundation shall deem reasonable and waives the requirement to sign additional waivers consenting to such transportation or method of transportation.

Are there any specific activities that your child should be excluded from?

No OR

Yes, my child should be excluded from (please list) _____

Parent/Guardian _____
SIGNATURE

Date _____

In the event of an emergency, I may be contacted by phone during the day at _____
_____ and in the evenings at _____.

If you cannot contact me, please call _____ (name and
relationship) at _____.



MEDICAL FORM

Name: _____

Address: _____
STREET CITY POSTAL CODE

Phone: _____ Date of Birth: _____

Birthplace: _____

Medical Plan: _____ Medical No: _____

Care Card Number: _____

(Please attach a photocopy of the card and birth certificate.)

Doctor's Name: _____ Phone: _____

When was your last general medical examination?

MEDICAL INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. a) have you undergone treatment for alcoholism or drug addiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) do you currently smoke cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) do you have any condition for which consultation or treatment is being contemplated or has been advised? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you ever consulted a doctor or ever been treated for or had any known indication of (please check):

- | | | | |
|---------------------------------|--------------------------|----------------------------|--------------------------|
| a) chest pain, heart disorder | <input type="checkbox"/> | h) diabetes | <input type="checkbox"/> |
| b) high blood pressure | <input type="checkbox"/> | i) cancer | <input type="checkbox"/> |
| c) arthritis or rheumatism | <input type="checkbox"/> | j) AIDS | <input type="checkbox"/> |
| d) nervous or mental disorder | <input type="checkbox"/> | k) limb disorder | <input type="checkbox"/> |
| e) bowel disorder | <input type="checkbox"/> | l) back disorder | <input type="checkbox"/> |
| f) stomach or liver disorder | <input type="checkbox"/> | m) kidney/urinary disorder | <input type="checkbox"/> |
| g) positive HTLV III blood test | <input type="checkbox"/> | | |

If yes, please explain:



3. Do you have any illnesses, disease or impairments not covered in Questions 1 or 2?
If yes, please explain:

4. Are you now pregnant? Yes No If yes, expected delivery date: _____

5. Are you now taking any medication? Yes No

Do you have any drug allergies? Yes No

If yes, please explain:

6. Any special diets or food allergies? If yes, please explain:

In case of a serious emergency, please give the name, address and phone number of the person you want to be notified:

Name: _____

Address: _____

Phone: _____

Relationship: _____

I hereby declare all the recorded answers included on this medical form are, to the best of my knowledge and belief full, complete and true as of this date.

Youth's name: _____

PLEASE PRINT

Youth's Signature: _____

Date: _____

I agree that the information as indicated above by my son/daughter is true, to the best of my knowledge. _____ (Initial)



Legal Residency of Parent/s – FORM A

Completion of this form is required by the Ministry of Education and must be returned with your Application Form. It is to be completed and signed by the applicant's parent or legal guardian.

Lawfully admitted into Canada

I am ***(Please only X one)***:

- A Canadian Citizen** (if not born in Canada, attach photocopy of citizenship paper/card).
- A Landed Immigrant** (attach photocopy of landed immigrant status paper).
- Lawfully admitted to Canada** under one of the following documents
(please mark the appropriate box below and attach a clear photocopy of the document):
 - Admission as a refugee claimant;
 - A person claiming refugee status who has a letter of no objection;
 - A Student Permit for two or more years
(or issued for 1 year but anticipated to be renewed for 1 or more additional years)
 - A Work Permit for two or more years
(or issued for 1 year but anticipated to be renewed for 1 or more additional years)
 - A person carrying out official duties as a diplomatic or consular official
(with a foreign representative acceptance counter foil in his/her passport)
 - Other – Document description (Must be cleared with Immigration Canada.)

Residency in British Columbia

(Please only X one)

- Yes, I am a resident of British Columbia and reside at

Residency Address: _____

- No, I am not a resident of British Columbia.

Signed by:

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____




Tuition:

Scholarships and Bursaries are available to attend the program for families with finances of below \$3000. per month. However, we encourage all families to make small contributions to cover programming costs and also to consider financial support from other relatives such as grandparents etc.

Parents/Guardians:

Whytecliff Agile Learning Centre's are Independent schools; fully accredited through the Ministry of Education – Independent Schools Branch. Independent schools receive 50% of the funding that public schools receive. As a result, we seek to obtain the additional funding through the generous donations of companies, private individuals and through a nominal tuition paid by parents/guardians of the students attending our schools. Because many of our students' families cannot afford to pay full tuition we have prepared a sliding scale so that all students will have the same opportunity to attend. The following is a tuition payment grid based on your total household income and the number of supported dependants. Please complete the portion below indicating the amount of tuition that would apply to your child. Invoices will be sent out on a monthly basis upon your child's acceptance or you may pay by VISA. Please contact the school administrator if you have any questions regarding your child's tuition.

Monthly Gross Income	Number of Dependents	2 Children	3 Children	4 Children
	1 Child 			
\$6000 <	\$600	\$550	\$500	\$400
\$5000	\$500	\$450	\$400	\$350
\$4000	\$400	\$350	\$300	\$250
\$3000	\$300	\$250	\$200	\$150

In order to support the education of my child, I can pay _____ in tuition fees per month.



Please complete the following billing information.

Name of Student:			
Name of Parent/Guardian:			
Address:	(Street)	(City)	
(Prov.)	(Post Code)	(Tel:)	
Signature of Parent/Guardian:		Date:	

I, the parent/guardian of the above-named participant, hereby authorize Youth Futures Program staff or their agents to approve and obtain any and all medical attention deemed necessary for the welfare and good health of the above-named participant when ordered by professional medical staff with the understanding that all reasonable attempts have been made to consult with myself before hand except in the case of minor illness and/or first aid where deemed appropriate.

Parent/Guardian Signature: _____
SIGNATURE

Date _____

Contact Information

Burnaby
3450 Boundary Rd.,
Burnaby, BC V5M 4A5
T: 604-438-4451
F: 604-438-5572

Langley
20561 Logan Ave.,
Langley, BC V3A 7R3
T: 604-532-1268
F: 604-532-1269