



**ELEMENTARY EDUCATION**

GRADES 1 TO 8

**Fee Schedule 2023-2024 - Non Canadian Resident**

Student's Name: \_\_\_\_\_  
Surname Given

Tuition for Academic Program (8:45 a.m. - 3:45 p.m.)

Entering Grade \_\_\_\_\_

SINGLE Payment

CAD\$25,000.00

**Student Account Fee** - Balance will be carried forward in June and amount required, will be advised in September.

Grade 1 - 2

CAD\$300.00

Grade 3 - 8

CAD\$400.00

**Registration Fee** - One time only payment for all new students.

CAD\$200.00

**Damage Deposit** - One time only payment for all new students. Unused portion to be refunded upon request at departure from Somerset Academy. CAD\$50.00

**Mandatory Special Improvement Funds** – CAD\$300 made payable to Somerset Academy.

**Somerset Childcare Service (Morning & After School Care) available upon request**



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## **Terms and Conditions**

PLEASE READ AND SIGN THE TERMS AND CONDITIONS TO COMPLETE REGISTRATION

1. A student's placement in Somerset Academy is accepted for the entire academic year. Fees will not be reduced/refunded for reasons of withdrawal, absence or expulsion.
2. The Principal of Somerset Academy reserves the right to dismiss a student who does not maintain the school's standards of deportment.
3. Student reports will not be released until full payment of school fee and Special Improvement Funds (S.I.F.) have been received.
4. For families with more than one child attending Somerset, there is a 10% reduction of fees for additional siblings.
5. N.S.F. service charge is CAD\$30.00 per cheque.

\_\_\_\_\_

I have read, understood, and agree to the terms and conditions as stated herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy



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## Other Information

Student's Name: Surname \_\_\_\_\_ Given \_\_\_\_\_ Chinese \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Business #: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Cell #: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

WeChat #: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Is your child able to participate in all regular school games, swimming, and physical education classes? Yes  No

If no, please list reasons: \_\_\_\_\_

Has your child ever had his/her eyes tested? Yes  No

Any impairment? \_\_\_\_\_

Does your child wear glasses?

Is preferential seating required due to vision problems? Yes  No

Has your child ever had his/her hearing tested? Yes  No

Any impairment? Yes  No

Is preferential seating required due to hearing problems? Yes  No

Does your child have allergies to any medication? Yes  No

If yes, please specify: \_\_\_\_\_

Is your child receiving any medication? Yes  No

If yes, please specify: \_\_\_\_\_

Is there any other information concerning your child's health that the school should know about?

Yes  No  If yes, please specify: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\*\*In case of an emergency, your child would be transported to the nearest hospital. If parents are not available and emergency contact cannot be reached, do you give permission for the doctor in attendance to begin medical treatment, should it be deemed necessary? Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"success comes from working together"*