



# New Heights

school & learning services

## Prospective Student Application 2025-2026

Grades 1 to 12 (Ages 6 to 21)

Student Name _____
Grade for 2025-2026 _____

For Office Use Only	
Action	Signature



## **ABOUT NEW HEIGHTS**

**VISION:** A community dedicated to pioneering a bright future for individuals on the autism spectrum to live independent, confident, and purposeful lives.

**MISSION:** Preparing our kids for the community, and the community for our kids.

### **Steps in the Prospective Student Application Process**

- 1** Parents/guardians meet with the Admissions Coordinator virtually or by phone to learn more about New Heights School & Learning Services. This meeting can be scheduled before or after submitting an application.
- 2** Complete and submit this application, all required documents, and application fee by email to [info@newheightscalgary.com](mailto:info@newheightscalgary.com) or by mail to:  

New Heights School & Learning Services  
2521 Dieppe Avenue SW  
Calgary, AB T3E 7J9
- 3** New Heights Administration will review your application package and determine if our school has the staff, supports, and services necessary for your student's future success.
- 4** The Admissions Coordinator will contact you via email regarding the status of your application. There are 3 possible outcomes:
  - Accepted
  - Waitlist
  - Not Accepted

### **For Out of Province Applications**

Note that the following items are required to apply:

- proof of Canadian Citizenship or Permanent Residency
- A permanent Alberta address
- An Alberta Health Care card

If you currently reside outside of Alberta and are planning on moving to Alberta prior to the 2025-2026 school year, please contact our Admissions Coordinator at [info@newheightscalgary.com](mailto:info@newheightscalgary.com) prior to submitting your application.



### Checklist

An incomplete package will result in a processing delay of your student's application. We have provided a checklist to ensure that you have **all** of the necessary information and documents.

- A \$100.00 non-refundable application fee
- Complete all pages of this package
- Copies of your student's birth certificate or proof of citizenship
- A recent wallet size color photo of your student
- Copies of recent Psychoeducational Assessments (*must include one within 3 years*)
- Copy of your student's diagnosis letter(s); please include documentation from when your student was originally diagnosed, as applicable
- Copies of your student's report cards (*do not send originals*)
- Copies of your student's most recent Individual Program Plans
- Copies of recent therapy/intervention reports
- A copy of parent custodial agreement (*if parents are separated or divorced*)

### Who is filling out this registration?

Name

Date (yyyy-mm-dd)

### Application Fee

How will you be paying the \$100.00 application fee?

- Cheque – payable to "New Heights School"
- E-transfer – sent to [info@newheightscalgary.com](mailto:info@newheightscalgary.com) with your student's name and "application fee" in the description



Demographic Information

Student Details		
First Name	Last Name	Middle Name
Preferred Name/Nickname	Date of Birth (yyyy-mm-dd)	Age
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	Alberta Student Number (ASN)	
Address		
City	Province	Postal Code
Parent/Guardian Details		
Name	Relationship to Student	Cell Phone
Other Phone (home/work)	Occupation and place of employment (optional)	
Email address		
Address <input type="checkbox"/> same as above		
City	Province	Postal Code
Parent/Guardian Details		
Name	Relationship to Student	Cell Phone
Other Phone (home/work)	Occupation and place of employment (optional)	
Email address		
Address <input type="checkbox"/> same as above		
City	Province	Postal Code



Demographic Information (...continued)

Family Information		
Family Status <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Couple Family <input type="checkbox"/> Blended Family <input type="checkbox"/> Skip Generation Family		
Languages spoke at home		
Complete the applicable information below		
Sibling Name	Gender	Age
Sibling Name	Gender	Age
Sibling Name	Gender	Age
Sibling Name	Gender	Age
Pet Name	Type of Pet	
Pet Name	Type of Pet	

Student Health Information

Alberta Health Care number	
Physician Name	Phone
Pediatrician Name	Phone
Diet restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	
Is your student on any routine medication? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	
Does your student have any health concerns? ( <i>i.e. asthma</i> ) <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	



Student History

What schools and/or programs has your student attended?	
School/Program	Date (yyyy-mm)
What assessments has your student had? <i>(remember to attach the reports)</i>	
Agency	Date (yyyy-mm)
What therapy/intervention has your student had? <i>(remember to attach the reports)</i>	
Agency/Therapist	Date (yyyy-mm)



Student Information

Does your student have a formal diagnosis?

No

Yes (*specify*) \_\_\_\_\_

Is your student aware of their diagnosis?

What are your student's greatest strengths?

What are your student's greatest challenges?

What strategies or accommodations have been the most effective to help your student learn?



**Specify your student's favourite:**

Books

Movies/TV shows

Computer/Video Games

Characters

What activities does your student enjoy?

- |                                                         |                                             |
|---------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Arts and crafts                | <input type="checkbox"/> Reading            |
| <input type="checkbox"/> Board games                    | <input type="checkbox"/> Computer           |
| <input type="checkbox"/> Video games                    | <input type="checkbox"/> Outside activities |
| <input type="checkbox"/> Sports                         |                                             |
| <input type="checkbox"/> Other ( <i>specify</i> ) _____ |                                             |

What activities does your student dislike? (*list below*)

What fears and anxieties does your student have? (*list below*)

Check if your student is sensitive to any of the following:

- Loud noises (*specify*) \_\_\_\_\_
- Smells (*specify*) \_\_\_\_\_
- Textures (*specify*) \_\_\_\_\_
- Light (*specify*) \_\_\_\_\_
- Physical touch (*specify*) \_\_\_\_\_
- Changes in routine (*specify*) \_\_\_\_\_





Student Information (...continued)

Social Skills		
Does your student make friends easily? <input type="checkbox"/> No <input type="checkbox"/> Yes	What does your student prefer?	<input type="checkbox"/> Many friends <input type="checkbox"/> 1-2 close friends <input type="checkbox"/> To play alone
Has your student ever suffered depression? <input type="checkbox"/> No <input type="checkbox"/> Yes	Most of your student's friends are:	<input type="checkbox"/> Older <input type="checkbox"/> Younger <input type="checkbox"/> Same age
Is your student easily upset by others? <input type="checkbox"/> No <input type="checkbox"/> Yes	When upset, your student:	<input type="checkbox"/> Withdraws <input type="checkbox"/> Becomes destructive <input type="checkbox"/> Becomes verbally aggressive <input type="checkbox"/> Other _____
Has your student ever received counselling? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify agency: _____ If yes, specify therapist: _____		
Has your student ever been suspended or expelled from school? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when: _____ If yes, please elaborate: _____ _____		
Has your student ever been in trouble with the community or police? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please elaborate: _____ _____		
Executive Functioning Skills		
Check if your student needs support with the following: <input type="checkbox"/> Daily routines ( <i>Ex: morning routine, getting ready for school</i> ) <input type="checkbox"/> Focusing on the current task <input type="checkbox"/> Transitioning from one task to another <input type="checkbox"/> Regular household responsibilities ( <i>Ex: chores</i> ) <input type="checkbox"/> Homework ( <i>if applicable</i> )		



Student Information (...continued)

What are the five most important areas of growth for your student?

1

2

3

4

5

What are your expectations for your student at New Heights?

How did you hear about New Heights?

Is there any other information you wish to share?



Family Support (FSCD)

Please indicate your past or current involvement with Family Support for Children with Disabilities (FSCD):

No – we have no involvement with FSCD (please proceed to School Tuition Commitment section)

Yes – we have had FSCD involvement, but are no longer receiving services (please proceed to School Tuition Commitment section)

Yes – we are currently receiving FSCD support: please complete this section

Name of FSCD Worker	Contract Status	<input type="checkbox"/> Approved <input type="checkbox"/> Under Review <input type="checkbox"/> Other (specify) _____
<b>For Current/Approved Contracts</b>		
Start Date of Contract (yyyy-mm-dd)	End Date of Contract (yyyy-mm-dd)	<b>Type of Services</b> <input type="checkbox"/> Specialized Services <input type="checkbox"/> Aide Support Services

School Tuition Commitment

**School Program Tuition Fees**

On average, the cost of education for a special needs student is about \$40,000 per year. Funding comes from a combination of grants from Alberta Education, tuition fees, and fundraising. Tuition costs cover school fees and school supplies. Tuition costs are out-of-pocket costs to parents and are exclusive of any grants we receive from Alberta Education.

- The tuition fees paid by parents for the 2025-2026 school year are \$14,000.00
- If accepted, you will be required to pay this amount
- Sign below to confirm that you are aware of this tuition fee

Parent/Guardian Signature	Date (yyyy-mm-dd)
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**Bursary Support**

There are a limited number of bursaries available from outside agencies to assist economically-disadvantaged families. Please be aware that applying for a bursary does not guarantee that you will receive the bursary. Note: Bursaries may require confirmed acceptance in order to apply; bursary cut-off dates vary.

I am interested in receiving information about bursary opportunities

**Income Tax Credit for Tuition**

Tuition paid by parents may be claimed as medical tax credits if certain conditions are met. To do this, a letter written by a medical doctor or chartered psychologist must be submitted with your income tax form in order to be eligible for such tax credits. The letter must clearly state that the student has a diagnosis of Autism or other medical condition that requires the specialized services provided at New Heights School and must be dated prior to enrolment at New Heights. A letter from New Heights confirming enrolment and services provided, along with tuition tax receipts will be provided to you, upon request, prior to February each year. Please contact your tax advisor for clarification.



Commitment to the New Heights Community

<b>Student Name</b>	
<p>At New Heights we <b>require</b> that each family contribute to our community by participating in all of the following tasks:</p> <ul style="list-style-type: none"> <li>■ Provide 1 silent auction item (<i>at least \$150 value</i>) for the Gala fundraising event*</li> <li>■ Sell one booklet of tickets for an airline fundraiser (<i>1 booklet = a maximum value of \$170</i>)</li> <li>■ Volunteer for at least 1 of the following events:             <ul style="list-style-type: none"> <li>- the casino fundraiser (if held for the 2025 – 2026 school year)</li> <li>- the PAC Welcome Back BBQ</li> <li>- the PAC Gala</li> </ul> </li> </ul> <p><i>* You may approach a business to have the item(s) donated on your behalf</i></p>	
<p><b>Note</b> – If you are unable to meet this requirement a meeting can be arranged with our Executive Director to discuss.</p>	
<p><b>Sign below to confirm that you are aware of this commitment</b></p>	
Parent/Guardian Signature	Date (yyyy-mm-dd)

Additional Opportunities

<p>As our New Heights community is expanding, we are also looking to extend our reach into the greater community. We ask that you consider buying tickets to our Gala fundraiser event and bring a guest from your network to help spread the word about the great work that we do.</p> <p><input type="checkbox"/> I intend to purchase tickets to the Gala</p>
<p>At New Heights we ask that each family consider joining our volunteer email list. We have a variety of events throughout the year that thrive with volunteer participation. Examples include the Fundraising Gala, our Parent Advisory Council’s school activities (examples: Welcome BBQ, Winter Festival), etc.</p> <p>Are you interested in joining our volunteer email list to be notified of volunteer opportunities?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, specify an email address _____</p>

