

Robert Land Academy

Welcome to the Robert Land Academy Family



Admissions Information Request

Please take a moment to complete the information in this form. After you have completed the form, save and return to admissions@rla.ca or upload it via the online tool on the admissions website.

Student Full Name:	
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Code of Conduct

- We have read and understood the Robert Land Academy’s code of conduct. (<https://admissions.rla.ca/codeofconduct>)
- Parents and students agree to follow the requirements set out in the code of conduct.
- We understand any violation of any aspect of the policy by a student will be dealt with in accordance with the Academy’s policy on discipline including expulsion from the Academy.

Parent Signature:		Date:	
Student Signature:		Date:	

This typed electronic signature is equivalent to a handwritten signature

Academic Placement Notice

I understand and acknowledge that it may be necessary that the above-named student repeat certain courses to provide foundational knowledge and skills for future studies. I understand also that courses can be provided only based on enrolment.

I acknowledge that the academic placement with the Academy may affect the above-named student’s current chronological timetable for high school completion.

I have been advised that I will be provided with a copy of the student’s timetable and advised of any changes. I acknowledge, however, the final decision pertaining to timetabling and course selection will be made by the Academy.

Parent Signature:		Date:	
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This typed electronic signature is equivalent to a handwritten signature

Consent to Release Form – ONLY FOR STUDENTS OVER 18

This is to authorize release of my academic information/report cards to:

To: Robert Land Academy

Student Name:		DOB:	
Name of Parent 1:		Name of Parent 2:	

Signed:

Student Signature:		Date:	
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This typed electronic signature is equivalent to a handwritten signature

Ontario Student Record Transfer Request Form

In accordance with the guidelines for the Ontario Student Record and the Freedom of Information Act, Robert Land Academy requires consent from the parent or guardian to request student records from the previous school attended.

Parent/Guardian Name:	
Home Address:	

I hereby give my permission for Robert Land Academy to obtain the student records for:

Student Name:	
DOB:	

Parent Name:		Date:	
Parent Signature:	To be signed in-person on arrival day		

Student Signature if over the age of 18:

Student Signature:		Date:	
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Previous School Name:

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School Address:

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School Contact Email:		School Phone No.	
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Robert Land Academy
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Wellandport, ON L0R 2J0
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