

Canadian Advanced Senior High

Student Application Form

The information collected on this form will be protected under the Municipal Freedom of Information and Protection of Privacy Act.

□ Full-Time Stu	udent □ Part-Tir	ne Student		
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Indicate the course for which you are applyir	ng: Course Ti		Course Code	
PLEA	SE PRINT CLEAR	LY		
Student Information:				
Legal Name:				
Surname	First Name		Middle Name	
Preferred Name: (If different from Legal Name) Surname	First Name	Midd	le Name	
Male □ Female □		Date of Birth:		
Citizenship (Provide copy of current passport):			a:///	
Birth Country:				
Status in Canada: Canadian Citizen Po	ermanent Resident _	Student VISA		
Other:				
First Language: Language(s)			2)	
Medical Insurance Required: yes	no			
If no, Ontario Health Card or Private Insurance Policy	Number			
Immunization Record: yes				
Medical Alert Information or Disability:				
Home Address:				
Home Address: Street No. and Name Mailing Address:	Apt. #	City	Postal Code	
(If different from above) Street No. and Name	Apt. #	City	Postal Code	
Home Phone No: ()	Cell Phone No: ()		
E-Mail Address:		ouc		
For Office Use Only:		Date Received:		
CA Student No:		Start Date:		
Grade: OFN:		Completed By:		

Current School Information: Current School Attending: Language of Instruction: Student Number: Ontario Education Number: School Address: ____ Street No. and Name Postal Code School Phone Number: School Fax Number: Has student received Special Education support? _____ yes ____ no If yes, type of program (if known) Has student received an Educational Assessment? yes no If yes, date of assessment (if known) Has student received English As a Second Language support? _____ yes _____ no If yes, what level (if known) Is this student currently under expulsion from any school or school board? yes no Is this student currently under suspension from another school? _____ yes ____ no **Required Documentation:** □ current passport/ photo ID □ last report card / current Ontario Student Transcript (OST) **Contact Information: Primary Contacts – (Mother/Father)** Male □ Female □ Name: Middle Name Mr/Mrs/Ms Surname First Name Relationship to Student: Mother Father Language Spoken: (Circle one) Home Phone Number: Business Phone Number: Cellular Phone Number: E– Mail Address: Address: (if parent/guardian and doesn't live with student) Street No. and Name Name: Male \square Female \square Mr/Mrs/Ms Surname Middle Name First Name Relationship to Student: Mother Father Language Spoken: (Circle one) Home Phone Number: __)_____ Business Phone Number: Cellular Phone Number: (_ E– Mail Address: (if parent/guardian and doesn't live with student) Street No. and Name Postal Code

$\label{eq:contact} \textbf{Primary Contact} - (\textbf{Guardian}/\textbf{Custodian})$ Male \square Female \square Name: Mr/Mrs/Ms Surname First Name Language Spoken: __ Relationship to Student: Guardian Custodian (Circle one) Area Code Liotad Home Phone Number: Cellular Phone Number: (_ E–Mail Address: Address: (if parent/guardian and doesn't live with student) Street No. and Name Apt. # City Postal Code **Emergency Contact** Male □ Female □ Name: Middle Name Relationship to Student: Business Phone Number: (__) Area Code Home Phone Number: Cellular Phone Number: E– Mail Address: **Referral and Agent Information:** How did you hear about *Canadian Advanced Senior High*: Friends or Family Website Agency _____ Newspaper _____ Other: _____ To be completed by the Agent: Name of Agency Name of Agent Street Address Postal / Zip Code City Province/State Country Phone No. Email Address Fax No. All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

REFUND POLICY FOR TUITION FEE

Credit and Refund Policy

Course Transfer: A student can transfer to another course within 2 weeks after registration. No fees will be applied.

Course Withdrawal: A student can withdraw from the course at any time. No refund will be granted.

Course Extension: Canadian Advanced Senior High courses are to be completed within 4 months in general. Courses can be extended by 2 extra months by paying a course extension fee \$100. Under all circumstances, students must complete courses within 12 months from the initial course start date. Any students who does not completed a course within 12 months from the day of enrollment, will be unenrolled with no option for re-instatement.

Course Dismissal: Students enrolling in Canadian Advanced Senior High have an obligation to conduct themselves in a manner compatible with the school's function as an educational institution. Students who fail to comply with the regulations of Canadian Advanced Senior High may be dismissed from the school at any time with no reimbursement of fees.

Participation Agreement:

Canadian Advanced Senior High is committed to providing a high standard program for students. Each student must participate and accept the following conditions:

- 1. Obey the laws of Canada, the Province of Ontario and the rules, guidelines, and policies of *Canadian Advanced Senior High*.
- 2. Meet the requirements of attending classes regularly. If absent, a note from custodian/guardian/ parent or doctor must be submitted to the school.
- 3. Inform the school of any changes to any personal information (e.g. address, phone no., etc.)

I have read, understand, agree, and accept to follow the rules and guidelines as outlined above.

- 4. Share reports on academics, attendance, and other concerns with parents, custodian, and school personnel to provide essential support to achieve success.
- 5. Accept that *Canadian Advanced Senior High* has the right to make educational decisions such as placement and program choice based on the information provided in the application.
- 6. Understand and agree that any inaccurate information provided in the application may lead to immediate dismissal with no refund of tuition fee.

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Signature of Student				Date	
Signature of Parent				Date	

General Release/Waiver:

We, the undersigned, do waive and release all claims against *Canadian Advanced Senior High* for the injury, loss, damage, accident, delay or expense resulting from the student's participation at school and school activities that occur outside the regular school hours. We also release *Canadian Advanced Senior High* and agree to indemnify it, with regard to any financial obligations or liabilities that the student may personally incur, or any damage or injury to the person or property of others that the student may cause while participating in the school programs.

We understand that *Canadian Advanced Senior High* is not responsible for any loss or injury suffered by the student during periods of travel and study. If student becomes ill, *Canadian Advanced Senior High* may take such action necessary including medical treatment and transporting the student home at his/her own expense. We release *Canadian Advanced Senior High* from all liability related to such actions.

We understand that the student's participation in the program may be terminated at the discretion by the school without any refund of tuition fee and sent home at his/her own expense if rules, policies, and expectations are not met.

We understand that the student has no history of criminal behaviour. Any disputes of a legal nature must be resolved through the Ontario courts.

We fully understand the refund policy of *Canadian Advanced Senior High*.

All information provided above is correct and tru	e. All adm	issions	are conditional	pending receip	t
of required documentation.					
	Date:		_/	_/	
Signature of Parent/Guardian/Student if 18 years or over	•	Year	Month	Date	