Highland Academy of Canada 9600 Bathurst Street Vaughan, ON L6A 3Z8 Tel: 647 352 5182 www.highlandacademy.ca

International Student Application

Please kindly submit your application to: Admissions Department, Highland Academy of Canada - Head Office, 9600 Bathurst Street, Vaughan ON L6A 3Z8

his application is for international students (students that do not have Permanent Residence or Citizenship in Canada) who are interested in applying to study at Highland Academy of Canada.

STUDENT PROFILE O NEW student					
		Last	name:		
		Middle name: Citizenship:			
	YYYY): Age: _				
	,				
	Country:		•		
	·				
How did you hear about	our school? o Educational Fair	O Educational Agent	o Friends/Family	0 Online	
CURRENT SCHOOL Please attach certified and	_ PROFILE translated transcripts from your current grade a	nd your last 3 years of study.			
Last school attended:		Current grade:			
Street address:			City:		
Province:		Country:	Postal code:		
What grade do you inten	nd on attending at NuThink! Academy in Can	ada?: O Grade 9 O	Grade 10 O Grade	o Grade 12	
FAMILY PROFILE I live with: O Both Parents O Parent 1 O Parent 2 O Other Parent 1 Full name:		•	Correspondence to: O Both Parents O Parent 1 OParent 2 OOther Parent 2 Full name:		
Email:			Email:		
	Country:		Country:_		
Home phone: ()	Home phone: ()		
Cell phone: ()	Cell phone: ())		
age of 18. He/she must m an emergency, the custodi	Emajority in Ontario (18 years) you will requin ake adequate arrangements for your care and su an will be contacted.	pport and reside within a reasond	able distance of your residen	ce and school. In the event of	
Please select an option: C	Own Custodianship (Fill section below) O	Highland Academy of Canac	ia Custodianship (\$150/1	Aonth)	
Custodian first name:		Custodian last name:	Custodian last name:		
Email:		Home phone: (Home phone: ()		
Canadian street address:)		
City	Province	Work phonoi	1		

Country:___

STUDENT HEALTH PROFILE It is mandatory for all international students studying in Ontario, Canada to have valid medical insurance. Please select an option below: O Own Medical Insurance (Fill attach a copy of your valid coverage) O Highland Academy of Canada Insurance Provider (\$550/Year) Please specify any ongoing medical conditions, medications, health issues or allergies that the school needs to be aware of: Do you have a condition that requires special education support? O Yes o No If YES, please explain: **AGENT PROFILE** Are you using an educational agent? O Yes (Fill section below) O No Full name of agent: Agency name: Email: **PROGRAM SELECTION** Please select your start date at Highland Academy of Canada: O September 2016 O November 2016 o February 2017 o April 2017 Please select how many terms you wish to study: o 4 Terms o 3 Terms o 2 Terms O 1 Term Please let us know where you intend on staying during your study in Canada: O Homestay organized through Highland Academy of Canada Homestay Service Providers o Highland Academy of Canada Residence O Other Arrangements: Please let us know if you require an airport pick up (\$150) when you arrive at Toronto Pearson International Airport (YYZ): OYes ONo \$300 ANNUAL REGISTRATION FEE PAYMENT (THIS FEE MUST BE INCLUDED IN THE APPLICATION) o Visa O Mastercard o Cheque O Wire Transfer o Cash O Money Order Expiry date (mm/yy): ____/___ Card Number: Amount: _____ Full name on card: Date: TERMS AND CONDITIONS / REFUND AND CANCELLATION POLICY -The \$300 annual registration fee is non-refundable under any circumstance -There are no refunds unless the student provides an authorized visa rejection letter from Immigration Canada -If a student is expelled, suspended or otherwise required to leave the school for any reason, all fees paid to NuThink! Academy are non-refundable -Items not included in the tuition fees: textbooks, school supplies, field trips, special events, medical insurance, custodianship fees, residence/homestay fees, transportation fees, airport pick up/drop off fees and meals. I/we hereby certify that the information given on pages 1-2 of this form is true and complete to the best of my/our knowledge. I/we understand the cancellation policies and agree not to dispute or attempt to charge back the above signed for and acknowledged charge(s). I am aware it is my responsibility to ensure sufficient funds are available in all accounts specified for payment. I hereby authorize NuThink! Academy to charge these accounts as per the timelines specified in accordance with my selections.

Date ____

Signature of Parent 1:____

Signature of Parent 2:____