

Please submit complete application form to:

UMC High School International Programs and Admissions Office 425 McCowan Road, Toronto, Ontario, Canada M1J 1J1 Tel: 416-438-0707

 $Email: admin@umchighschool.com\ www.umchighschool.com$

An APPLICATION FEE of \$200.00 must be attached. This fee is to be made payable to the **UMC High School** by Cash, Certified Cheque, Bank Draft or Money Order (in Canadian currency). The application fee is NON REFUNDABLE.

PLEASE PRINT THE FOLLOWING INFORMATION IN ENGLISH

| STUDENT INFORMATION | | | |
|---|-------------------------------------|----------------------------|-----------------|
| | | | Male Female |
| Family Name | Given Name | English Name | Gender |
| Citizenship | Country of Birth | Date of Birth (yyyy/mm/dd) | Age |
| First Language | Second Language | E-mail address | |
| Home Address in Toronto (if applicable) | City, Province | Postal Code Pho | one Number |
| PARENT INFORMATION | | | |
| Father's Family Name | Given Name | E-mail address | |
| Mother's Family Name | Given Name | E-mail address | |
| Permanent Home Country Address | City | Province / State Country | Zip/Postal Code |
| Home Phone Number | Cell Phone Number | Work Phone Number | Fax Number |
| CUSTODIAN INFORMATION (RESP | ONSIBLE FOR STUDENT UNDER 18 V | VHILE LIVING IN TORONTO) | |
| | | | Male Female |
| Family Name | Given Name | English Name | Gender |
| Status in Canada: Canadian Ci | tizen Permanent Resident | | |
| | | E-mail address | |
| Home Address | City, Province | | Postal Code |
| Home Phone Number | Cell Phone Number | Work Phone Number | Fax Number |
| I would like to request custodians | ship through the school (addition | nal charge applies): Yes | No |
| ** Non-refundable custodianship | letter issuing fee \$250.00 will be | e applied | |
| SIBLINGS IN UMC HIGH SCHOOL | | | |
| | | | |
| Surname, First Name | Date of Birth | Surname, First Name | Date of Birth |

| TORONTO CONTACT INFORMATIO | N (TO BE COMPLETED FOR ALL ELEN | TENTARY AND SECONDA | ARY STUDENTS) |
|---|------------------------------------|---|--------------------------------------|
| | | | Male Female |
| Family Name | Given Name | English Name | Gender |
| Relationship to student | E-mail address | Cell Phone Number | Work Phone Number |
| Home Address | City, Province | | Postal Code |
| EDUCATION BACKGROUND INFOR | MATION | | |
| | | | |
| Current School Name | Last Grade Completed | Current School City, Current School Country | |
| Previous School Name | | Previous School City, Pre | evious School Country |
| ENROLLMENT INFORMATION & AL | DDITIONAL SERVICES | | |
| Please select your campus location | : | | |
| Toronto Campus | 425 McCowan Road, Toronto, O | N M1J 1J1 | TEL: 416-438-0707 |
| Eglinton Campus | 36 Eglinton Ave. W., 2nd/FL., To | • | TEL: 416-546-7250 |
| The student is applying for the following | - | List six s | secondary course choices: |
| September to June (Full Year) | 10 Courses | 1 | |
| September to December (1st Seme | · ——— | 2 | |
| January to February (2nd Semester | | 3 | |
| March to June (3rd Semester) | 4 Courses | 4 | |
| Summer (July / August) - Circle | 2 Courses | 5 | |
| Online Course | Per Course | 6 | |
| Certified original and translated scho Failure to comply will result in a dela | | d the last two years mu | ist be attached to this application. |
| Optional Services: | | | |
| Homestay (3 Meals per Day) | Airport Pickup 1-Wa | | Medical Insurance |
| EDUCATIONAL GOALS AND DIRECT | TIONS | | |
| | _ | | |
| Favourite Subjects | | Difficult Subjects | |
| Strengths | | Hobbies / Interests | |
| Post Secondary Plans and Future Career Dir | ection (e.g. University / College) | | |
| University | College | Program: | |
| HEALTH INFORMATION | | | |
| My child has no medica | al needs or conditions of which th | ne shool should be awa | are |
| If my child has medical needs or co | nditions of which the school be av | ware, please describe | the conditions below: |
| Medical Condition | | Remarks | |
| | | | |
| Please select if the stud | dent has any medical conditions t | hat are considered life | e threatening. |

REFUND POLICY FOR TUITION FEE

A full refund, less the administration fee (\$500.00) and cusodianship letter notarization fee \$250 if applicable, will be granted if Citizenship and Immigration Canada does not issue the Study Permit.

To obtain a refund, the student must provide:

- 1. The original Letter of Rejection from Citizenship & Immigration Canada
- 2. The original UMC High School Official Letter of Acceptance
- 3. The original receipt of tuition fee payment

Two-thirds (¾) of the tuition fee will be refunded, if the student has not applied for a Study Permit and has withdrawn the application prior to the commencement of school. To obtain a refund, the student must provide:

- 1. The original UMC High School Official Letter of Acceptance
- 2. The original receipt of tuition fee payment

There will be no refund of the tuition fee after a Study Permit has been granted using the UMC High School Official Letter of Acceptance, if the student chooses to withdraw for any reason.

There will be no refund of any portion of the tuition fee that has been paid to the UMC High School once the student has started attending classes.

There will be no refund of the tuition fee if the student is found in violation of school regulations and asked to withdraw from the school.

There will be no refund of the tuition fee if the student changes immigration status during the year. A student who becomes a Permanent Resident of Canada after tuition fee is paid is not eligible for a refund.

GENERAL RELEASE / WAIVER

* Students must comply with all UMC High School's policies and the student Code of Behaviour. Failure to follow school policy or to comply with the conditions will result in the students being demitted. No refunds will be granted if students are demitted for any of the above reasons. Student photographs, videotaped images and activities, voice recordings, artwork, writing or other school work may be recorded displayed or used in board and school specific internet web pages for documentation and presentation purposes of UMC High School.

I/We consent to the use of the above noted records and images by UMC High School.

I/ We fully understand the refund policy of the UMC High School. I/We understand that the UMC High School shall not be held liable for losses or expenses as a result of the school being unable to provide education owing to labour disputes or other causes beyond its control.

I have read, understand and agree to follow the rules and guidelines of UMC Highschool.

| Signature of parent / guardian | |
|-------------------------------------|--|
| Date (yyyy/mm/dd) | |
| | |
| Two Custodianship Declaration forms | |
| Application fee (CAD \$200.00) | |
| Tuition Payment | |
| | |