



Office use only

1 Student Information

Invoice #:		Student #:	
Family Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Given Name:		Date of Birth (dd/mm/yy): ____/____/____	
Address:			
City:		Country:	Postal Code:
Contact Number:		Email:	Name of Agency:

2 Immigration Status of Applicant

Canadian Citizen Permanent Resident Temporary Resident Student Visa Other, specify: _____

3 Parents / Guardian Information

	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
Name:		
Date of Birth:	____/____/____	____/____/____
Home Address: _____		
	City:	Country:
Contact Number:	Email:	

4 Student's Educational Background Information

Current School Name:		Last Grade Completed:	
Current School Address:		City:	Country:
Previous School Name:			
Previous School Address:		City:	Country:

5 Enrollment Information

Grade:	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12	# of Credit : _____
Semester:	<input type="checkbox"/> September	<input type="checkbox"/> November	<input type="checkbox"/> February	<input type="checkbox"/> April	<input type="checkbox"/> Summer Session <input type="checkbox"/> July <input type="checkbox"/> August

6 Future Field of Study

<input type="checkbox"/> University <input type="checkbox"/> College	Favourite Subjects : _____
Proposed Major: <input type="checkbox"/> Engineering <input type="checkbox"/> Business <input type="checkbox"/> IT <input type="checkbox"/> Science <input type="checkbox"/> Social Science <input type="checkbox"/> Other _____	

7 Documentary Evidence and Supporting Information

Please ensure the following documentation is attached to your application. The application will not be processed without required documents.

1. Certified original and translated academic records from the current year and the last two years.
2. Copy of your immigration documents or copy of Passport information (PG.1) and visa.

_____/_____/_____ Signature of Student	_____/_____/_____ Date (dd/mm/yy)	_____/_____/_____ Signature of Parent / Guardian	_____/_____/_____ Date (dd/mm/yy)
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REFUND POLICY

A full refund, less the application fee (\$300) and administration fee (\$500), will be issued if Citizenship and Immigration Canada does not approve a Study Permit. After a Study Permit has been granted, no refund of tuition fees will be made if the student withdraws for any reason.

To obtain a refund, the student must provide:

1. The original Letter of Rejection from Citizenship & Immigration Canada,
2. The original SGA official Letter of Acceptance, if returned by the visa office,
3. The original receipt of tuition fee payment, and
4. A written refund request by the parent or guardian including the name and address of the cheque/wire transfer recipient.

There will be no refund for 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 for the tuition fee if the student changes immigration status during the year. Students who become permanent residents of Canada (landed immigrants) after tuition fees are paid will not be eligible for a refund.

Students who extend their study permits based on the letter of acceptance issued to them by St. George Academy will not be issued refunds for any pre-paid tuition.

There will be no refund of any portion of the tuition fee that has been paid to the St. George Academy once the student has started attending classes.

GENERAL RELEASE / WAIVER

From time to time, we take pictures during lectures, in-class activities, and outdoor activities. St. George Academy would like your permission to use these pictures on our website, in our newsletter, or on our bulleting boards. We will never sell these pictures: These will be used exclusively for St. George Academy's purposes.

I/We consent to the use of the above noted records and images by St. George Academy.

I/We fully understand the refund policy of the St. George Academy. I/We understand that the St. George Academy 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/We agree to abide by the rules and regulations of St. George Academy and of the department and program in which I shall be registered, including any changes which may be made while I am a student at St. George Academy.

I/We certify that all statements on this application are true and complete. I/We understand that misrepresentation of this information in any material way may result in the cancellation of admission or registration status.

I/We have read, understand and agree to follow the rules and guidelines of St. George Academy.

For students under 18 years of age, the parent or guardian must also sign.

Name of Student

Name of Parent / Guardian

Signature of Student

/ /
Date (dd/mm/yy)

Signature of Parent / Guardian

/ /
Date (dd/mm/yy)