

International Student Application

NEW Student

Step 1 **Complete** the International Student Application
 *Application due dates:
September Start—July 1st or
February Start—December 1st

Step 2 **Submit** Application and Annual Application fee AAF) (\$350.00 CAD—non refundable)
 Email: International@ncdsb.com OR
 Mail: International Education Office
 Niagara Catholic District School Board
 145 Niagara Street, St.Catharines,
 Ontario L2R 4L7 Canada

Date of Application:

Student Information – All Names MUST Match Legal Identification Documents

First Name		Last Name			<input type="checkbox"/> Male <input type="checkbox"/> Female <small>Gender</small>	
Age	Date of Birth (YYYY/MM/DD)	Country of Birth	Citizenship	First Language		
Level of English:		<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		Student's Email		

Previous Schooling Information

Last School Attended	City, State/Province, Country of School	Grade Completed	20__ to 20__ <small>School Year</small>
Last School Attended	City, State/Province, Country of School	Grade Completed	20__ to 20__ <small>School Year</small>

Niagara Catholic District School Board Program Requested

School Year 20__ to 20__	Elementary <input type="checkbox"/> —OR— Secondary <input type="checkbox"/>	Full Year September—June <input type="checkbox"/> —OR— Semester 1 September—January <input type="checkbox"/> Semester 2 February—June <input type="checkbox"/>
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Have you previously applied to the Niagara Catholic District School Board? Yes No If yes, what school?

Parent and Address Information

First Name (Father)		Last Name (Father)		Primary Parent Phone no.	
First Name (Mother)		Last Name (Mother)		Primary Parent Email	
Apartment No.	Street No.	Street Name			City
State/Province			Country		Postal Code

Custodianship (If Student is not living with Parent(s))

First Name			Last Name		
Apartment No.	Street No.	Street Name			
City	State/Province		Country	Postal Code	
Phone			Email		

Host Family (If Student is not living with Parent(s))

First Name			Last Name		
Apartment No.	Street No.	Street Name			City
Phone		Cell Phone	Email		

Certification and Signatures

I hereby certify that all statements are correct and complete. I understand that any misrepresentation of this data may result in the cancellation of my admission or registration status.

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Agency Information (If Applicable)

Agency: _____ Agent Name: _____

Email: _____ Phone No.: _____

Terms of Admission

1. Liturgies, paraliturgies and retreats are an integral part of the school curriculum and all students are expected to participate in them. To help fulfill the Board's aim of providing an educational atmosphere which fosters and directs the spiritual, intellectual, aesthetic, physical, and social growth of all students enabling them to live and contribute as responsible members in our society, all students are required to take a religious course in each year of secondary school.
2. I must maintain a current Study Permit or other Visa from the department of Immigration, Refugees and Citizenship Canada.
3. I have acquired private health insurance coverage to meet Canadian Standards for the full duration of the applied school year.
4. I agree to pay by wire transfer, bank deposit, certified cheque, money order, or cash two (2) weeks prior to the first day of school. The gross fees are payable in Canadian funds to the Niagara Catholic District School Board. Fees are subject to change without notice.
5. I understand that applications for the school year (September—June) may not be accepted after July 1st of the previous school year. Secondary school applications may be considered for Semester two (February) admission if received prior to December 1st of the previous calendar year.
6. I agree to register at the school to which I am assigned by the Niagara Catholic District School Board the week before the beginning of the new school year. Late registrations may be accepted during the first three days of the school year.

**I, the undersigned, understand and accept the Terms of Admission into a school in the
Niagara Catholic District School Board.**

I am enclosing the following:

- Canadian non-refundable AAF.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



Completed Applications should be submitted to the:

International Education Office

Niagara Catholic District School Board

145 Niagara Street, St. Catharines, Ontario L2R 4L7, Canada

Web: www.niagaracatholic.com | Email: International@ncdsb.com | Phone: [905.682.3360](tel:905.682.3360)

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of the Education Act., c. 129, s. 60 and will be used for the purposes of determining student registration eligibility. Questions about this collection should be directed to the

Supervisor of International Education, Niagara Catholic District School Board.

PARENTAL CONSENT FORM FOR EXTRA-CURRICULAR ACTIVITIES & MEDIA PROMOTIONS

Parent or Guardian:

I certify that _____ is in good general health and will benefit from participating
(student's name)
in the activities offered by the Niagara Catholic District School Board. I, therefore, give him/her permission to participate in all activities scheduled during their stay in Canada. I also grant the Niagara Catholic District School Board the right to use pictures, video and/or audio tapes of my child for use in promoting our programs through the course guide, formal public displays, brochures, pamphlets, and our web sites. Niagara Catholic District School Board will not sell or distribute any pictures, video or audio tapes to any third party for their own use.

Parent/Guardian's Signature

Date

For the 20____ - 20____ School Year

REFUND POLICY

1. If you are accepted by the Niagara Catholic District School Board, but do not attend due to a Canadian visa application refusal, your full tuition fee **minus the Annual Application Fee (AAF) and a \$300.00 administration fee** will be refunded to the same account of the paying individual/agency
2. If you attend school for one semester, but transfer out of Niagara Catholic DSB before the start of the second semester, a refund may be issued for the semester not attended, **minus the Annual Application Fee (AAF) and a \$300.00 administration fee.**
3. Refunds **MUST** be requested in writing and normally take four to six weeks to process. Refund cheques are payable to the individual or organization from whom the fees were received (a Refund Request Form must be submitted to the International Office)
4. Tuition will not be refunded in the situations set out below:
 - If withdrawal is received at any other point during the program
 - If NCDSB discovers that any information in the student's application for admission is untrue
 - If students are unable to perform or are not performing to a reasonable academic standard
 - Student dismissal from the program due to violation of government law or NCDSB policy
 - School closure periods out of school board's control, e.g. labour dispute, inclement weather, etc.

Note: the AAF is non-refundable in any circumstance

All refund requests must be made in writing and supporting documentation sent to international@ncdsb.com

We have read, understand and agree to the above refund policy.

Signature of Student: _____

Date: _____

Parent(s)/Legal Guardian signatures:

Parent/Guardian #1: _____

Date: _____

Parent/Guardian #2:
(if applicable) _____

Date: _____

(The "program" is defined as the dates specified on the official Letter of Acceptance and the defined "program" can be within the same school year or over a split/two different school years.)