

International Student Application

RENEWING Student

Step Complete the International Student Application *Applications Due dates:

September Start—July 1st or **February Start**—December 1st

Step

Submit Application and Annual Application fee (\$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

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Date	v.	$\neg \mathbf{p}$		cati	VII.

Student Information – All Names MUST Match Legal Identification Documents											
First Name			Last Name				☐ Male ☐ Female Gender				
Country of Birth		Dat	te of Birt	h (YYYY/ľ	MM/DD)			Student's Ema	ail		
Niagara Cath	olic District	Schoo	ol Boa	rd Pr	ogram Reque	sted					
School Year 20 to 20	Elementary — OR — Secondary	-	Full Year September—June			□ -	□ —OR— Semester 1 September — January □ Semester 2 February — June □				
School Currently Attending:			If changing Schools, which school are you applying to attend?:								
Parent and A	ddress Info	rmatio	on								
First Name (Father) Last Name (Father)				Primary Parent Phone no.							
						,					
First Name (Mother) Last Name (Mother)	Primary Parent Email							
Apartment No.	Street No.		Street N	ame		Ci			(City	
State/Province Country			Postal Code								
Custodianshi	p (If Stude	nt is n	not liv	ing w	ith Parent(s)						
First Name			Last Name								
Apartment No.	lo. 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.	Stre	reet Name			•				City	
Phone Cell Phone				Ema	il		S.Cy				

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					
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.						
I must maintain a current Study Permit or other Visa from the department of Immigration, Refugees and Citizenship Canada.						
 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 1 st of the previous school year. Secondary school applications may be considered for Semester two (February) admission if received prior to December 1 st 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 Application International Education Niagara Catholic District						



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

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(student's name) in the activities offered by the Niagara Catholic I in all activities scheduled during their stay in Can use pictures, video and/or audio tapes of my chil public displays, brochures, pamphlets, and our wany pictures, video or audio tapes to any third pa	District School hada. I also gralld for use in properties. Niaga	Board. I, therefont the Niagara Comoting our propertions our propertions our propertions our propertions of the Niagara Catholic Dist	Catholic District School Board the right to ograms through the course guide, formal
Parent/Guardian's Signature		Date	
For the	20	- 20	School Year
	REFUND	Policy	
refusal, your full tuition fee minus the Annurefunded to the same account of the paying 2. If you attend school for one semester, but to semester, a refund may be issued for the se \$300.00 administration fee.	ransfer out of landster not attended in the steep were reserved in the student on in the student on in the student of government's control or the student's	Fee (AAF) and a ency Niagara Catholic ended, minus to four to six week eceived (a Refur v: he program ent's application ning to a reason ernment law or I I, e.g. labour dis	c DSB before the start of the second he Annual Application Fee (AAF) and a state to process. Refund cheques are payable to ad Request Form must be submitted to the a for admission is untrue table academic standard Student NCDSB policy pute, inclement weather, etc.
All refund requests must be made in writir We have read, unde	•	•	<u></u>
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 offi	-	eptance and the def rent school years.)	ined "program" can be within the same school year or