Highland Academy of Canada
9600 Bathurst Street
Vaughan, ON L6A 3Z8
Tel: 905 303 5509
www.highlandacademy.ca

International Student Application (Part-time)_

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

This 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 O RETURNING student

First name: _____ Middle name: _____ Last name: _____

Country of birth: _____ Citizenship: _____

Date of birth (MM-DD-YYYY): _____ Age: _____ Gender: O Male O Female

Street address: _____ City: _____

Province: _____ Country: _____ Postal code: _____

Cell phone: _____ Email: _____

How did you hear about our school? O Educational Fair O Educational Agent O Friends/Family O Online

CURRENT SCHOOL PROFILE

Please attach certified and translated transcripts from your current grade and your last 3 years of study.

Last school attended: _____ Current grade: _____

Street address: _____ City: _____

Province: _____ Country: _____ Postal code: _____

What grade do you intend on attending at Highland Academy in Canada?: O Grade 9 O Grade 10 O Grade 11 O Grade 12

FAMILY PROFILE

I live with: O Both Parents O Parent 1 O Parent 2 O Other_____

Parent 1 Full name: _____

Email: _____

Street address: _____

City: _____ Country: _____

Home phone: (_____) _____

Cell phone: (_____) _____

Correspondence to: O Both Parents O Parent 1 OParent 2 OOther

Parent 2 Full name: _____

Email: _____

Street address: _____

City: _____ Country: _____

Home phone: (_____) _____

Cell phone: (_____) _____

CUSTODIAN PROFILE

If you are under the age of majority in Ontario (18 years) you will require a custodian. A custodian must be a Permanent Resident or Citizen of Canada over the age of 18. He/she must make adequate arrangements for your care and support and reside within a reasonable distance of your residence and school. In the event of an emergency, the custodian will be contacted.

Please select an option: O Own Custodianship (Fill section below) O Highland Academy of Canada Custodianship ($150/Month)

Custodian first name: _____

Email: _____

Canadian street address: _____ City: _____ Province: _____

Country:_____

Custodian last name: _____

Home phone: (_____) _____

Cell phone: (_____) _____

Work phone:(_____) _____

STUDENT HEALTH PROFILE

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 February 2022 O July2022 O September 2022

Please select how many courses you wish to study: 1._____2._____3._____4._____

$300 ANNUAL REGISTRATION FEE PAYMENT (THIS FEE MUST BE INCLUDED IN THE APPLICATION)

- O Electronic transfer to success@highlandacademy.ca
- O Cheque/ Money order payable to Highalnd Academy of Canada
- O Cash

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 Highland 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 Highland Academy to charge these accounts as per the timelines specified in accordance with my selections.

Signature of Parent 1: _____ Date _____

Signature of Parent 2: _____ Date _____