



# YORKVILLE INTERNATIONAL ACADEMY

Add: Suite 908 - 3601 Hwy 7 East, Markham Ontario Canada L3R 0M3

Tel: 905-604-2163

Email: [info@yorkvilleedu.com](mailto:info@yorkvilleedu.com)



Ontario Federation  
of Independent Schools

Independent and  
Private School Advisory Board

BSID: 882081



☐ Full time ☐ Part time

## STUDENT INFORMATION

Last Name	First Name	Date of Birth
Grade:	Student #	OEN #
		Gender <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Street #, Street Name		Town / City
Province <b>ONT</b>	Postal Code	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Other
Contact Cell #:		
E-mail:		Expiry Date: _____ (yyyy/mm/dd)

## PROGRAM CHOICE

Course Name:

Start Date:

## PARENTS/ GUARDIAN INFORMATION

First Parent/Guardian		Second Parent/Guardian	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship
Name(Family Name, First Name)		Name(Family Name, First Name)	
Home Phone #	Cellular #	Home Phone #	Cellular #
If address information different than above, fill in area below			
Street#, Street Name		Street#, Street Name	
Town/City <b>ONT</b>	Postal Code	Town/City <b>ONT</b>	Postal Code

## EDUCATIONAL BACKGROUND

Is the student currently attending school? Yes ☐ No ☐

<u>If Yes.</u> Name of School	Address of School



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Phone Number Of School <input type="text"/>	School Board <input type="text"/>	
Date Last Attended Previous School <input type="text"/>	# of Years/Months in Secondary School <input type="text"/> # of Years/ Months out of Secondary School <input type="text"/>	Grade <input type="text"/> Graduated <input type="text"/> Credits Earned to Date <input type="text"/>

Grade 10 Ontario Secondary School Literacy Test (OSSLT)

Successfully Completed: Yes ☐ No ☐

## EMERGENCY INFORMATION

Emergency Contact Name <input type="text"/>	Relationship <input type="text"/>	Contact Phone # <input type="text"/>
Contact Cell # <input type="text"/>	Contact Other # <input type="text"/>	

## PAYMENTS AND REFUND POLICIES

### A. School Policy

1. The application fee is non-refundable and should be submitted with the completed application Form and other documents.
2. All tuition fee and other fees (if applicable) should be paid in full before the first week of the semester. For those students who pay the fee later than the first week of the semester, a \$30 late charge will be applied to each selected course. If tuition fees are paid after 2 weeks of the semester, a \$60 late charge will be applied to each selected course. If tuition fees are paid after 3 weeks of the semester, a \$100 late charge will apply to each selected course. Fees can be paid by cash, cheque, certified cheque, or bank draft. There will be a CAD\$40 charge for any returned cheques, and the subsequent school fees will be accepted in cash only.
3. All fees are non-transferable under any conditions.

### B. Refund Policy

1. If a student decides to drop a course for a valid reason before or within the first week of the semester, 70% of the Tuition fee will be refunded. If the student drops out within two weeks, 50% of the Tuition Fee will be refunded. After two weeks of the semester, there will be no refund.
2. In the event that a Letter of Acceptance is issued on behalf of a student for visa or passport extension purposes, there will be no tuition refund unless the extension is rejected. Proof from Canadian Immigration or Embassies must be provided in order to receive a refund.
3. If a student is granted a student visa and decides not to study at our school, there will be no tuition refund under any conditions.

**I agree to follow the above policy and I am willing to abide by the regulations set up by the School thereafter.**

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parents/Guardians (if applicant below 18 years of age)

Date: \_\_\_\_\_