

Student Application Form

*The information collected on this form will be protected under the
Municipal Freedom of Information and Protection of Privacy Act.*

STUDENT INFORMATION: PLEASE PRINT CLEARLY

Current Day School: _____ Grade: _____

School Address: _____ Country: _____

Legal Name: _____
SURNAME FIRST MIDDLE

Preferred Name: _____
(If different from Legal Name) SURNAME FIRST MIDDLE

Male Female Date of Birth: _____/_____/_____
Y Y Y Y M M M D D

Study Program: SUMMER OTHER (specify) _____

Summer Camp: 2-week Other: _____

Please attach the following: Photocopy of Health Coverage Photocopy of Passport
Status in Canada: Canadian Citizen Permanent Resident International Student Other

Home Address: _____
STREET NO. AND NAME APT NO. CITY

COUNTRY POSTAL CODE

Home Phone No: (_____) _____ Cell Phone No: (_____) _____
AREA CODE AREA CODE

Student Email Address: _____

Name of Parent/Guardian: _____
SURNAME FIRST MIDDLE

Parent/Guardian Phone No: (_____) _____ Parent/Guardian Email Address: _____
AREA CODE

Emergency Contact: SAME AS ABOVE OR

Name of Emergency Contact: _____
SURNAME FIRST MIDDLE

Relation to student: _____ Contact Phone No: (_____) _____
AREA CODE

I learned about Laureate's STUDY/SUMMER CAMP Program through:

School Newspaper Friends Parents/Guardians Website Other: _____

Refund Policy for Tuition Fee:

Fees will be refunded only if student withdraws from program with a doctor’s note clearly stating that he/she cannot attend the program or if a student has been denied a short term visiting VISA with a letter from the Government regarding refusal.

Participation Agreement:

Laureate College is committed to providing a high standard program for students. Each student must participate and accept the following conditions:

1. Obey the laws of Canada, the Province of Ontario, Hong Kong, and the rules, guidelines and policies of Laureate College.
2. Student has confirmed that all prerequisite requirements for the course selected have been satisfied.
3. Meet the requirements of attending classes daily. If absent, a note from custodian/guardian/ parent or doctor must be submitted to the school upon returning to the next class.
4. Inform the school of any changes to any personal information (e.g. address, phone no., etc.).
5. Student does not require special education support.
6. Share information on academics, attendance, and other concerns with parents, custodian, and school personnel to provide essential support to achieve success.
7. Accept that Laureate College administration has the right to make educational decisions such as placement and program choice based on the information provided in the application.
8. Understand and agree that any inaccurate information provided in the application may lead to immediate dismissal with no refund of tuition fee and sent home at the parent’s expense.

Upon successful completion, a certificate of participation will be issued by Laureate College.

General Release/Waiver:

We, the undersigned, do waive and release all claims against Laureate College for the injury, loss, damage, accident, delay or expense resulting from the student’s participation at school and school activities that occur outside the regular school hours. We also release Laureate College and agree to indemnify it, with regard to any financial obligations or liabilities that the student may personally incur, or any damage or injury to the person or property of others that the student may cause while participating in the school programs.

We understand that Laureate College is not responsible for any loss or injury suffered by the student during periods of travel and study. If student becomes ill, Laureate College may take such action necessary including medical treatment and transporting the student home at his/her own expense. We release Laureate College from all liability related to such actions.

We understand that the student’s participation in the program may be terminated at the discretion by the school without any refund of tuition fee and sent home at his/her own expense if rules, policies, and expectations are not met.

We understand that the student has no history of criminal behaviour. Any disputes of a legal nature must be resolved through the Ontario courts.

I have read, understand, agree, and accept to follow the rules and guidelines as outlined above. All information provided above is correct and true.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

For Office Use Only:

Date Received: _____

Payment Received: _____