

Credit Program Student Application Form

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

Please check one: Part-Time Student Summer Program Student Other

Please check one: Canadian Student International Visa Student

APPLICATION FOR:	
Course Name: _____	Course Code: _____
Course Name: _____	Course Code: _____
Course Name: _____	Course Code: _____

Student Information:

PLEASE PRINT CLEARLY

Legal Name: _____		<small>Surname</small>	<small>First Name</small>	<small>Middle Name</small>
Preferred Name: _____		<small>Surname</small>	<small>First Name</small>	<small>Middle Name</small>
<small>(English name)</small>				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____		Age: _____
		<small>YYYY/ Month/ DD</small>		
Citizenship: _____		Arrival Date in Canada (If applicable): _____		
		<small>YYYY/ Month/ DD</small>		
Birth Country: _____		<small>City</small>	<small>Country</small>	
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student VISA <input type="checkbox"/> Other: _____				
Toronto Address: _____				
<small>(If applicable)</small>				
<small>Street No. and Name</small>		<small>Apt. #</small>	<small>City</small>	<small>Postal Code</small>
Mailing Address: _____				
<small>(If different from above)</small>				
<small>Street No. and Name</small>		<small>Apt. #</small>	<small>City</small>	<small>Country</small>
Home Country Address: _____				
<small>(If applicable)</small>				
<small>Street No. and Name</small>		<small>Apt. #</small>	<small>City</small>	<small>Country</small>
<small>Postal Code</small>				
Toronto Home Phone No: _____		Cell Phone No: _____		
<small>Area Code – Phone Number</small>		<small>Area Code – Phone Number</small>		
E-Mail Address: _____		Social Media ID: _____ (Line/WeChat/WhatsApp)		

For Office Use Only:	Date Received: _____
Laureate Student No: _____	Start Date: _____
Grade: _____ OEN: _____	Completed By: _____

Current School Information:

Current or Last School Attending: _____
Last Date Attended (If applicable): _____
YYYY/ Month/ DD (For current Ontario Student ONLY): _____
Ontario Education Number: _____
(If applicable)
School Address: _____
Street No. and Name City Country Postal Code
School Phone Number: _____ School Email: _____

Has student received Special Education support? Yes No
If yes, type of program (if known) _____

Is this student currently under expulsion from any school or school board? Yes No

Is this student currently under suspension from another school? Yes No

Required Documentation for Canadian Student:

- current photo ID last report card current Ontario Student Transcript (OST)

Required Documentation for International Visa Student:

- copy of passport last report card copy of high school diploma (if graduated)

Contact Information:

Primary Contacts (Mother/ Father/Guardian)

Name: _____
Mr/Mrs/Ms Surname First Name Middle Name

Relationship to Student: Mother Father Language Spoken: _____

Home Phone Number: _____ Business Phone Number: _____
Area Code - Phone Number Area Code - Phone Number

Cellular Phone Number: _____ E-Mail Address: _____
Area Code - Phone Number

Address: _____
(If parent/guardian and does not live with student) Street No. and Name Apt. # City Country Postal Code

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Name: _____
Mr/Mrs/Ms Surname First Name Middle Name

Relationship to Student: Mother Father Language Spoken: _____

Home Phone Number: _____ Business Phone Number: _____
Area Code - Phone Number Area Code - Phone Number

Cellular Phone Number: _____ E-Mail Address: _____
Area Code - Phone Number

Address: _____
(If parent/guardian and does not live with student) Street No. and Name Apt. # City Country Postal Code

5. Accept that Laureate administration has the right to make educational decisions such as placement and program choice based on the information provided in the application.
6. Understand and agree that any inaccurate information provided in the application may lead to immediate dismissal with no refund of tuition fee.
7. Understand and sign the Student Media Release Consent Form.

I have read, understand, agree, and accept to follow the rules and guidelines as outlined above. Further, I consent to the receipt of all e-mail communications from Laureate College (LC) in regard to school and student information and reminders.

Signature of Student

Date: _____
YYYY/ Month/ DD

Signature of Parent

Date: _____
YYYY/ Month/ DD

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 in online activities. 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 online school programs.

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 removed from the online program 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.

We fully understand the refund policy of Laureate College.

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/ Guardian/ Student if 18 years or over

Date: _____
YYYT/ Month/ DD

Student Media Release Consent Form

I, _____, hereby agree and give my permission for
(Name of parent/guardian if student is a minor, under the age of 18. Name of student if an adult, 18 years of age or older.)

Laureate College and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the Laureate College website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by Laureate College.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the control of Laureate College. I agree that I will not hold Laureate College responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded Laureate College events and Laureate College hosted events as described above.

Please mark this box if you **DO NOT WISH** your child to participate in recorded Laureate College events and Laureate College hosted events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student's Name: _____ Grade: _____

School: _____

Student's Signature (If 18 years of age or older): _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature (If student is a minor – under the age of 18): _____

Date: _____