



York Catholic District School Board

INTERNATIONAL STUDENT RENEWAL APPLICATION PROCEDURE 2018 – 2019 ACADEMIC YEAR

STEPS TO FOLLOW – **starting March 1 2018 / November 1 2018**

- APPLICATION:** The enclosed **Admin. 84A** Renewal Application Form must be fully completed.
- FEE SCHEDULE:** *Fees are subject to change without prior notice.* Please note the tuition fee excludes any after-school or summer / night courses/programs.

TUITION FEE (full academic year)	Renewal Applications for Sept/2018
Elementary Panel (JK – 8)	CDN \$12,000.00
Secondary Panel (9 – 12)	CDN \$13,500.00
RENEWAL FEE	CDN \$100.00 non-refundable
WIRE TRANSFER FEE	Banking information is available upon request CDN \$50.00

- HEALTH INSURANCE COVERAGE:** Health insurance is mandatory. To assist you, we provide you with an application form that you must complete and return to the Admissions Office with the appropriate premium fee.

Note: Payment for Fees (for Renewal, Tuition and Insurance) must be made in Canadian Dollars, by a Bank Draft or a Certified Cheque, payable to:

York Catholic District School Board.

- GUARDIANSHIP DECLARATION – (PARENT/LEGAL GUARDIAN)**
GUARDIANSHIP AFFIDAVIT – (CANADIAN GUARDIAN)
GUARDIAN RESPONSIBILITY AGREEMENT – (CANADIAN GUARDIAN)

Above forms must be completed **only** if Parent/Legal Guardian appoints a **new** Canadian Guardian from last academic year. Forms are available in the application package.

Note: ALL students, regardless of their age, must have a guardian for as long as they are enrolled at a YCDSB school. **Proof of guardianship as defined by the Board. If a new guardian is appointed during the academic year, new Guardianship documents must be submitted to the Admissions Office immediately.**

- REFUND POLICY:**

- There will be **no refund** of tuition fee after a Letter of Acceptance has been issued, if the student withdraws for any reason.
- There will be **no refund** of tuition fee if the student is found in violation of school regulations and asked to withdraw from the school.
- There will be **no refund** of tuition fee if the student changes immigration status during the school year. For instance, students who become permanent residents or landed immigrants of Canada after tuition fee is paid will not be eligible for a refund.
- If a Study Permit is denied, the original letter of rejection from Citizenship & Immigration Canada and the original Letter of Acceptance must be presented to the Admissions Office. The tuition fee will be refunded less **\$500.00** administration fee.
- A **\$50.00** administration fee will be applied for wire transfers.

- STUDY PERMIT:** ***A copy of the renewed Study Permit must be submitted to the Admissions Office immediately upon receipt.***

OVER

The Admissions Office will process the student Renewal application upon receipt of the following documents and fees:

- Completed Renewal Application Form - Admin. 84A
- Tuition Fee
- Renewal Fee
- Health Insurance application form with appropriate premium fee and email address for the Policy card

Failure to comply with above steps may result in the return of the application package and/or delay the application process.

To apply for **Study Permit Renewal** you may visit the Citizenship and Immigration Canada website at <http://www.cic.gc.ca>.

For further information or assistance, please contact the Admissions Office.

ADMISSIONS OFFICE

York Catholic District School Board
320 Bloomington Road West
Aurora, Ontario L4G 0M1

For Inquiries, please contact us:

Via Email: <http://www.ycdsb.ca/admissions/Contact-admissions>

Via Telephone: (416) 221-5050 **or** (905) 713-2711 **Ext. 12434**

To obtain detailed information on our International Student Program including Renewal Package, please visit:

<http://www.ycdsb.ca/admissions/international-visa-students/>



INTERNATIONAL STUDENT

RENEWAL APPLICATION FORM

ELEMENTARY & SECONDARY

FOR OFFICE USE

Study Permit	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>
Guardianship Declaration	<input type="checkbox"/>
Guardianship Affidavit	<input type="checkbox"/>
Guardian Agreement	<input type="checkbox"/>

STUDENT INFORMATION

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE NAME

Name of School _____ Grade _____ Male Female

Please indicate if previous school attended is different from above _____ Birthdate _____ month/day/year

Please indicate the Renewal Letter address as: Homestay address OR Guardian address

STUDENT'S CANADIAN RESIDENCE INFORMATION

Name of Homestay Family _____ Last Name _____

First Name of Homestay Mother _____ Father _____

Address _____ Apt./Unit # _____

City _____ Province _____ Postal Code _____

Homestay Residence Tel. # () Cell # () Please indicate: Mother's Father's

AGENT INFORMATION Mr./Mrs./Ms. (please circle one)

Name _____

Address _____

City _____ Province _____

Country _____ Postal Code _____

Bus. Tel. # ()

Cell # ()

Email Address _____

Agency Name _____

GUARDIAN INFORMATION Mr./Mrs./Ms. (please circle one)

MUST BE PERMANENT RESIDENT IN CANADA

Name _____

Address _____

City _____ Province _____

Postal Code _____

Res. Tel. # ()

Bus. Tel. # ()

Cell # ()

Email Address _____

(All fields are Mandatory under Guardianship Information)

Please indicate if Agent is the Guardian Yes No If no, please complete Guardian Information

FOR THE LETTER OF ACCEPTANCE, PICK UP BY _____ EMAIL AGENT EMAIL GUARDIAN MAIL AGENT MAIL TO _____

ADMISSION INFORMATION (CONDITIONS OF ATTENDANCE AND REFUND POLICY PER ADMIN. 84-INTERNATIONAL STUDENT APPLICATION)

Secondary Level: Indicate placement requirement

A) September to June (Full Academic Year)

B) September to January (First Semester) C) February to June (Second Semester)

Elementary Level: A) September to June (Full Academic Year)

or indicate start and leave date from: _____ to: _____
month/day/year month/day/year

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS VALID AND TRUE:

STUDENT SIGNATURE _____
(SECONDARY)

DATE _____
month/day/year

GUARDIAN SIGNATURE _____

DATE _____
month/day/year

ADMISSIONS OFFICE APPROVAL _____
Signature of Manager of Admissions or Designate

DATE _____
month/day/year

International Student Health Insurance:

Custom Plan for York Catholic District School Board
School Year: _____

School Name		Application Date (mm/dd/yy)	
Last Name		First Name	
Date of Birth (mm/dd/yy)	Male Female	Effective Date (mm/dd/yy)	Expiry Date (mm/dd/yy)
Email Address (Note: Insurance Policy will be emailed to each student. Please complete email address clearly.)			
Address			
Street	City	Province	Postal Code

Premium Rates

10 Months (September to June)	\$430.00
12 Months (1 Year)	\$450.00
Additional Months	\$42.00 each month

Premium Paid	
Canadian \$	By certified cheque or bank draft payable to the York Catholic District School Board.

Medical Authorization

I, the undersigned, declare that all the information provided in this form is true and complete. I authorize the sharing and disclosure of information related to any claim that I submit, or my medical history, among or between any of the following entities: the attending physician, any medical facilities, my physician in my home country, my educational institution, Ingle International and Imagine Financial Ltd, the insurer administering or underwriting this policy and the claims management group or assistance company appointed by the insurer. I understand that if my medical records are not released to the insurer, benefits may not be payable. I agree that a reproduction of this authorization is as valid as the original. I assign to the insurer any benefits related to any claim which would be payable to me from any other source and authorize the insurer to collect any such benefits on my behalf.

Student / Guardian Authorization	YCDSB Signature
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Contact Us

Information & Administrator Support (Mon-Fri, 8:00 am - 8:00 pm)	Claims & Emergency Assistance (24 hours)	Insurance & Information Website
1.888.386.8888	1.866.883.9787	www.inglestudents.com/ycdsb



January 30, 2017

NOTICE FOR PARENTS, GUARDIANS AND STUDENTS

Re: Immunization Requirements

All children attending school are legally required to be immunized against certain preventable diseases, unless a valid medical, conscience or religious exemption is provided. York Region Public Health collects and reviews the immunization records of all students to ensure each child is immunized and his/her records are up to date.

If your child has followed Ontario's immunization schedule, he/she will have received all of the vaccines needed to attend school. Students are also encouraged to be vaccinated against influenza on a yearly basis.

It is the parent/guardian's responsibility to provide and maintain immunization records with York Region Public Health. Neither your child's doctor nor the school provides this information to York Region Public Health.

If your child's immunization records are incomplete, York Region Public Health will send you a letter advising of the incomplete immunization information and provide instructions on how to update your child's records.

Immunization is one of the safest ways to promote health and prevent illnesses related to vaccine-preventable diseases. By keeping our immunization rates high, we are helping to protect the health of children and our community.

Questions?

Please call **1-877-464-9675 ext. 73456** or go to york.ca/immunization for more information.

Sincerely,

A handwritten signature in blue ink that reads "Denise Graham".

Denise Graham
Program Manager, Data Management and Technical Support