



ELEMENTARY SCHOOL Application Form

	Student No.
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PERSONAL INFORMATION

Student Name	First Name:	Last Name:
Parent/Guardian	First Name:	Last Name:
Home Address	No: Street Name: City :	Province: Postal Code: Country:
Telephone	Home Phone:	Cell:
Email Address	Parents/Guardians:	Student: @gmail.com
Date of Birth	Date: Month: Year:	
Citizenship/Language	Citizenship:	Language:
Passport	Passport No:	Expiry Date:
Study Permit	Date of Entry	Study Permit Expiry Date
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	

ACADEMIC BACKGROUND

Grade Completed	Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/>
Previous School	Name: City/Country:

PROGRAM REQUEST

School Type	<input type="checkbox"/> Day School <input type="checkbox"/> Summer School
Program Start Date	<input type="checkbox"/> Fall semester <input type="checkbox"/> Winter semester <input type="checkbox"/> Summer semester Start date:

INTERNATIONAL STUDENTS

Homestay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, complete the Homestay Application Form</i>
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, give the name of your insurance provider:</i>
Other Services	<input type="checkbox"/> Airport pick-up <input type="checkbox"/> Custodianship <input type="checkbox"/> School health insurance	

METHOD OF PAYMENT

Credit Card	Amount \$		<input type="checkbox"/> Visa				<input type="checkbox"/> MasterCard				
	Name as appears on the card:										
	Credit card #:										
	Expiry date:		(MM-YY)				CVV Code				
Money Order/ Cheque	<input type="checkbox"/>	Amount \$	Payable to Queen's Collegiate								
Cash	<input type="checkbox"/>	Amount \$	Payable in person at Queen's Collegiate								
Debit	<input type="checkbox"/>	Amount \$	Payable in person at Queen's Collegiate								
Wire Transfer	<input type="checkbox"/>	Beneficiary Name: Queen's Collegiate									
		Beneficiary Address: 200 Ronson Drive, Suite 200, Toronto, ON M9W 5Z9									
		Beneficiary Bank: TD Canada									
		Bank Address: 100 City Centre Drive, Mississauga, ON L5B 2C9, Canada									
		Trust Account #: 5227835 Branch Transit #: 00932									
		Institution #:		004		Swift Code#:		TDOMCATTOR			

REFUND POLICY

1. The student must submit a written refund request accompanied by the original acceptance letter and IRCC refusal letter, if applicable.
2. The refund payment will be processed within 30 days of providing a written refund request.
3. Any refund of fees will be paid in Canadian dollars.
4. Registration fees are non-refundable.
5. Full refund, minus a registration fee applies for withdrawals 7 days or more before the start of the program.
6. 80% refund, minus a registration fee, and prorated fees apply for withdrawals within the first half of the semester.
7. No refund in the second half of the semester.
8. Students who wish to postpone their start date must contact the school at least 7 days before the original start date, or late fee of CAD\$200 will be charged for postponement.
9. No additional classes, refunds, or reduction in price will be provided for school closures on national holidays or due to weather conditions.

Date: _____

Signature: _____