



# APPLICATION FORM 2015-2016

Email, Fax or Mail this application to:

Canadian Maple Leaf Collegiate  
Unit PH2, 4002 Sheppard Ave East, Toronto, ON Canada M1S 1S6  
T 647-367-2986 F 647-872-5368 Email: info@mapleleafcollegiate.ca

## PROGRAM APPLIED FOR (Please check the box)

- High school Program (Grade 9 , Grade 10, Grade 11)  
  University pathway Program  
  ESL Certificate Program  
 ESL studies on exchange status / short term status PLUS applying study permit within Canada

## PERSONAL INFORMATION

SURNAME (FAMILY NAME)	GIVEN NAME(S)
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SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (mm/dd/yy)	CITIZENSHIP	FIRST LANGUAGE	COUNTRY OF BIRTH
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## PERMANENT MAILING ADDRESS

CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
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HOME PHONE NUMBER	MOBILE PHONE NUMBER	E-MAIL ADDRESS
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## FAMILY/GUARDIAN INFORMATION IN CANADA I REQUEST MAPLE LEAF COLLEGIATE PROVIDE A LOCAL GUARDIAN

PARENT/GUARDIAN SURNAME	GIVEN NAMES	ENGLISH NAME	MARITAL STATUS
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ADDRESS IN CANADA

HOME PHONE NUMBER	MOBILE PHONE NUMBER	E-MAIL ADDRESS
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## SCHOOL INFORMATION

CURRENT / LAST SCHOOL ATTENDED:	GRADE COMPLETED
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SCHOOL ADDRESS

TELEPHONE NUMBER	FAX NUMBER / EMAIL	CONTACT PERSON
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DO YOU CURRENTLY HOLD A VISA TO STUDY IN CANADA?    YES    NO

## MEDICAL INFORMATION (to be completed by parents or guardians)

Do you have any of the following medical conditions that may require emergency care at school?

- Severe asthma                       Seizure-disorder/epilepsy     Diabetes  
 Life-threatening allergy (anaphylaxis)    Others (Please specify): \_\_\_\_\_  
 None

Please attach a photocopy of your immunization record to this application form.



SCHOOL TUITION	High School	ESL	University Pathway Program
o Registration Fee:	CAD\$ 150	\$ 150	\$150
o Tuition Fees:			
Full time applicant	CAD \$ 16,000 (8 courses)	\$ 12,000 (30 weeks)	\$ 26,000 (13 courses)
Additional Courses	CAD \$ 2,000 per course	\$ 2,000 (5 weeks)	\$ 2,000 per course
METHOD OF PAYMENT:	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> International Bank Wire	<input type="checkbox"/> Paypal

**SCHOOL ACCEPTANCE LETTER FOR STUDY PERMIT**

Students should pay the required fee(s) to the school by a bank draft, money order directly to Maple Leaf Collegiate . With a receipt of payment, **we will issue you a Letter of Acceptance for Student's Visa Application.**

**REFUND POLICY (PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SUBMIT THIS APPLICATION FORM)**

- Visa Students**
1. A full refund of all fees, except the registration & administration fee, will be granted if study permit for international students is not approved by Immigration Canada. The written proof of such refusal is required.
  2. Reimbursement will be processed once the original receipt and letter of acceptance have been returned. The process will take 4-6 weeks.
  3. **After a Study Permit has been granted, no refund of tuition fees will be made even if the student withdraws.**

**PLEASE READ AND SIGN BELOW**

I declare that the information given in this application is complete and correct to the best of my knowledge and I have read and fully accept the refund policy.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Legal Guardian's signature(for students below 18 years old) \_\_\_\_\_

**OFFICIAL USE ONLY (The following information must be submitted.)**

SUPPORTING DOCUMENTS	<input type="checkbox"/> Application Form <input type="checkbox"/> Original Transcript of school record <input type="checkbox"/> Immunization Record <input type="checkbox"/> Study Permit <input type="checkbox"/> Student's ID (Passport etc.) <input type="checkbox"/> Health Insurance
ADMISSION	Date: _____ Grade: _____ Program: _____ Authorized by: _____ Signature: _____