



# INTERNATIONAL STUDENT ACADEMY APPLICATION

**PLEASE SUBMIT COMPLETED APPLICATION FORM TO:**

INTERNATIONAL ADMISSIONS DEPARTMENT  
BLYTH ACADEMY – HEAD OFFICE  
146 YORKVILLE AVE. TORONTO, ON. M5R 1C2  
[ADMISSIONS@BLYTHEDUCATION.COM](mailto:ADMISSIONS@BLYTHEDUCATION.COM) / [BLYTHACADEMY.CA/INTERNATIONALSTUDENTS](http://BLYTHACADEMY.CA/INTERNATIONALSTUDENTS)

**A NON-REFUNDABLE APPLICATION FEE OF \$250 MUST ACCOMPANY THIS APPLICATION.**

**STUDENT INFORMATION**       I AM A NEW STUDENT       I AM A RETURNING STUDENT

FEMALE     MALE  
 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_ BIRTH DATE (DD/MMM/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 FIRST LANGUAGE / SECOND LANGUAGE \_\_\_\_\_ STUDENT EMAIL (PRINT CLEARLY) \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

**PARENT INFORMATION**

NAME \_\_\_\_\_ **PARENT 1 FIRST NAME** \_\_\_\_\_ **PARENT 1 EMAIL ADDRESS (PRINT CLEARLY)** \_\_\_\_\_ **PARENT 1 LAST** \_\_\_\_\_  
 NAME \_\_\_\_\_ **PARENT 2 FIRST NAME** \_\_\_\_\_ **PARENT 2 EMAIL ADDRESS (PRINT CLEARLY)** \_\_\_\_\_ **PARENT 2 LAST** \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

**CUSTODIAN INFORMATION**

PLEASE SELECT AN OPTION:     OWN CUSTODIANSHIP (FILL SECTION BELOW)     BLYTH CUSTODIANSHIP (\$1,250/YEAR)  
 CUSTODIAN: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ CUSTODIAN EMAIL (PRINT CLEARLY) \_\_\_\_\_  
 CANADIAN HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_  CANADIAN CITIZEN     PERMANENT RESIDENT

**CURRENT SCHOOL INFORMATION** (PLEASE ATTACH CERTIFIED AND TRANSLATED TRANSCRIPTS FROM CURRENT AND LAST 2 YEARS OF STUDY)

NAME \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_ CURRENT SCHOOL \_\_\_\_\_

**EMERGENCY CONTACT AND HEALTH INFORMATION** (\$600/YEAR)

PLEASE SELECT AN OPTION:     OWN MEDICAL INSURANCE     BLYTH INSURANCE  
 EMERGENCY CONTACT (FIRST NAME, LAST NAME) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
**ARE YOU IN GOOD HEALTH AND ABLE TO FULLY PARTICIPATE IN YOUR CLASSES?**  YES     NO  
 IF NO, PLEASE EXPLAIN: \_\_\_\_\_  
 PLEASE SPECIFY ANY ONGOING MEDICAL CONDITIONS, MEDICATIONS, HEALTH ISSUES OR ALLERGIES THAT THE SCHOOL NEEDS TO BE AWARE OF:  
 \_\_\_\_\_  
**DO YOU HAVE A CONDITION THAT REQUIRES SPECIAL EDUCATION SUPPORT?**  YES     NO  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**AGENT REPRESENTATION**     I AM USING AN EDUCATIONAL AGENT (Information Below)     I DO NOT HAVE AN AGENT

NAME OF AGENT \_\_\_\_\_ AGENCY NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_



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## PROGRAM ENROLLMENT INFORMATION

### PROGRAM OPTIONS

START DATE	FEB 2016	APRIL 2016	SEPT 2016	NOV 2016	FEB 2017	APRIL 2017
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LENGTH OF STUDY	4 TERMS	3 TERMS	2 TERMS	1 TERM
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAMPUS	ONLINE	BURLINGTON	DOWNSVIEW PARK	LAWRENCE PARK	LONDON	MISSISSAUGA	OTTAWA	THORNHILL	WHITBY	WATERLOO	YORKVILLE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FULL-TIME ACADEMIC PROGRAM

SPORTS PROGRAM

Please select one:  PREP HOCKEY  REGULAR HOCKEY  FIELD SPORTS

PART-TIME COURSE:  SEPT-JAN  FEB-JUNE

PRIVATE COURSE

SUMMER COURSE:  JULY  AUGUST

BLYTH ACADEMY ONLINE COURSE ( \$695 EACH): START STUDYING WITHIN 1 BUSINESS DAY OF REGISTRATION. ALLOW 3 MONTHS TO COMPLETE EACH COURSE. TRANSCRIPT REQUIRED.

GRADE \_\_\_\_\_ COURSE CODE #1 \_\_\_\_\_

GRADE \_\_\_\_\_ COURSE CODE #2 \_\_\_\_\_

## ACCOMMODATION INFORMATION

RESIDENCE:  BURLINGTON  LONDON  WATERLOO

HOMESTAY FAMILY THROUGH CANADA HOMESTAY NETWORK

OTHER ARRANGEMENTS: Please specify: \_\_\_\_\_

## \$250 ANNUAL REGISTRATION FEE PAYMENT (This fee must be included in the application)

VISA  MASTERCARD  AMERICAN EXPRESS  CHEQUE ENCLOSED PAYABLE TO BLYTH ACADEMY  WIRE TRANSFER

<input type="text"/>	<input type="text"/>	<input type="text"/>
CARD NUMBER	EXPIRY (MM / YY)	AMOUNT CAD\$

FULL NAME ON CARD \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TUITION FEE PAYMENTS (This fee can also be paid online through our payment portal)

- FOR FULL-YEAR STUDENTS ONLY, I WOULD LIKE THE INSTALLMENT PLAN OF 4 TUITION PAYMENTS
- CHEQUE ENCLOSED PAYABLE TO BLYTH ACADEMY
- VISA  MASTERCARD  AMERICAN EXPRESS

Alternatively, please visit our new safe and secure online portal (Global Pay)

[www.student.globalpay.wu.com/geo-buyer/blythacademy](http://www.student.globalpay.wu.com/geo-buyer/blythacademy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
CARD NUMBER	EXPIRY (MM / YY)	AMOUNT CAD\$

FULL NAME ON CARD \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TERMS AND CONDITIONS / REFUND AND CANCELLATION POLICY

- THE \$250 ANNUAL REGISTRATION FEE IS NON REFUNDABLE UNDER ANY CIRCUMSTANCE
- UPON CONDITIONAL OFFER OF ADMISSION, A \$1000 TUITION DEPOSIT IS DUE WITHIN TWO (2) WEEKS TO RESERVE THE STUDENT'S PLACE
- INTERNATIONAL STUDENT FEES ARE DUE IN FULL 30 DAYS PRIOR TO THE START OF THE FIRST TERM ATTENDED BY THE STUDENT
- THERE ARE NO REFUNDS PROVIDED UNLESS THE STUDENT PROVIDES AN AUTHORIZED VISA REJECTION LETTER FROM IMMIGRATION CANADA
- IF A STUDENT IS SUSPENDED, EXPELLED, OR OTHERWISE REQUIRED TO LEAVE BLYTH FOR ANY REASON, ALL FEES PAID TO BLYTH ARE STRICTLY NON REFUNDABLE
- ITEMS NOT INCLUDED IN TUITION FEES: TEXTBOOKS AND SCHOOL SUPPLIES, FIELD TRIPS (NOT ASSOCIATED WITH THE FOUNDATIONS PROGRAM), SCIENCE LAB FEE, SPECIAL EVENTS, PARTNERSHIP COURSE FEES, MEDICAL INSURANCE, CUSTODIANSHIP FEES, RESIDENCE/HOMESTAY FEES (IF APPLICABLE), SPORTS PROGRAM TRAVEL FEES, LOCAL TRANSPORTATION FEES, AIRPORT PICKUP/DROP-OFF FEES, AND MEALS WHILE TRAVELLING FOR SPORTS PROGRAMS

I HAVE READ AND AGREE TO THE TERMS AND FEES OF THIS PROGRAM. I AM AWARE OF THE CANCELLATION POLICIES AND AGREE NOT TO DISPUTE OR ATTEMPT TO CHARGE BACK THE ABOVE SIGNED FOR AND ACKNOWLEDGED CHARGE(S). I AM AWARE IT IS MY RESPONSIBILITY TO ENSURE SUFFICIENT FUNDS ARE AVAILABLE IN ALL ACCOUNTS SPECIFIED FOR PAYMENT. I HEREBY AUTHORIZE BLYTH ACADEMY TO CHARGE THESE ACCOUNTS AS PER THE TIMELINES SPECIFIED IN ACCORDANCE WITH MY SELECTIONS.

FULL NAME OF PARENT1: \_\_\_\_\_ SIGNATURE OF PARENT1: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME OF PARENT1: \_\_\_\_\_ SIGNATURE OF PARENT1: \_\_\_\_\_ DATE: \_\_\_\_\_