



INTERNATIONAL STUDENT ACADEMY APPLICATION

PLEASE SUBMIT COMPLETED APPLICATION FORM TO:

INTERNATIONAL ADMISSIONS DEPARTMENT
BLYTH ACADEMY – HEAD OFFICE
160 AVENUE RD, TORONTO ON, M5R 2H8
ADMISSIONS@BLYTHEDUCATION.COM / 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 _____

HOME PHONE NUMBER _____ FIRST LANGUAGE / SECOND LANGUAGE _____ STUDENT EMAIL (PRINT CLEARLY) _____

PARENT INFORMATION

PARENT 1 LAST NAME _____ PARENT 1 FIRST NAME _____ PARENT 1 EMAIL ADDRESS (PRINT CLEARLY) _____

PARENT 2 LAST NAME _____ PARENT 2 FIRST NAME _____ PARENT 2 EMAIL ADDRESS (PRINT CLEARLY) _____

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 (ADDITIONAL FEES WILL APPLY)

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)

CURRENT SCHOOL NAME _____ CITY _____ COUNTRY _____ LAST GRADE COMPLETED _____

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 _____

PROGRAM ENROLLMENT INFORMATION

PROGRAM OPTIONS

START DATE	FEB 2017	APR 2017	SEP 2017	NOV 2017	FEB 2018	APR 2018
	<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: LONDON

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

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

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.
- In order to receive a Letter of Acceptance (LOA) from Blyth Academy, a \$2,500 tuition deposit is due within 2 weeks of being invoiced.
- Failure to pay the \$2,500 deposit will result in the student's application being rejected.
- International student fees are due in full before June 1st, 2017 for students attending Term 1 (September 2017)
- International student fees for students attending subsequent terms 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
- In the event 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 traveling 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: _____