



INTERNATIONAL STUDENT ACADEMY APPLICATION

PLEASE SUBMIT COMPLETED APPLICATION FORM AND A COPY OF YOUR PASSPORT TO:

INTERNATIONAL ADMISSIONS DEPARTMENT
BLYTH ACADEMY – HEAD OFFICE
160 AVENUE RD, TORONTO ON, M5R 2H8

A NON-REFUNDABLE APPLICATION FEE OF \$250 MUST ACCOMPANY THIS APPLICATION ALONG WITH A COPY OF YOUR PASSPORT.

ADMISSIONS@BLYTHEDUCATION.COM / BLYTHACADEMY.CA/INTERNATIONALSTUDENTS

STUDENT INFORMATION	<input type="checkbox"/> I AM A NEW STUDENT	<input type="checkbox"/> I AM A RETURNING STUDENT
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LAST NAME _____	FIRST NAME _____	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
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 _____	<input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> 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 _____
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EMERGENCY CONTACT AND HEALTH INFORMATION (\$600/YEAR)
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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 <input type="checkbox"/> I AM USING AN EDUCATIONAL AGENT (Information Below) <input type="checkbox"/> I DO NOT HAVE AN AGENT
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NAME OF AGENT _____	AGENCY NAME _____	EMAIL ADDRESS _____
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PROGRAM ENROLLMENT INFORMATION

PROGRAM OPTIONS

START DATE	FEB 2018	APR 2018	SEP 2018	NOV 2018	FEB 2019	APR 2019
	<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	ETOBICOKE	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"/>	<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

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	CVV	EXPIRY (MM / YY)	AMOUNT CAD\$
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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 (PayMyTuition)

<https://www.paymytuition.com/paynow/blyth-academy>

CARD NUMBER	CVV	EXPIRY (MM / YY)	AMOUNT CAD\$
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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, 2018 for students attending Term 1 (September 2018)
- 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: _____