



# 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  
[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 ALONG WITH A COPY OF YOUR PASSPORT.**

<b>STUDENT INFORMATION</b>	<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)		

<b>PARENT INFORMATION</b>
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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			

<b>CUSTODIAN INFORMATION</b>
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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			

<b>CURRENT SCHOOL INFORMATION</b> (PLEASE ATTACH CERTIFIED AND TRANSLATED TRANSCRIPTS FROM CURRENT AND LAST 2 YEARS OF STUDY)
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CURRENT SCHOOL NAME	CITY	COUNTRY	LAST GRADE COMPLETED
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<b>EMERGENCY CONTACT AND HEALTH INFORMATION</b> (\$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: \_\_\_\_\_

<b>AGENT REPRESENTATION</b> <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 2019	APR 2019	SEP 2019	NOV 2019	FEB 2020	APR 2020
	<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\$ \_\_\_\_\_

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\$ \_\_\_\_\_

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, 2019 for students attending Term 1 (September 2019)
- 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: \_\_\_\_\_