



RENEWAL

I AM RETURNING 1 SEMESTER OTHER (SPECIFY) I AM NOT RETURNING
 2 SEMESTERS REASON FOR NOT RETURNING:

STUDENT INFORMATION

SURNAME FIRST NAME

DATE OF BIRTH (DD/MONTH/YYYY) AGE GENDER MALE FEMALE

STREET ADDRESS (IN CANADA)

CITY PROVINCE POSTAL CODE HOME TELEPHONE NUMBER (+ AREA CODE)

EMAIL ADDRESS CELL TELEPHONE NUMBER (+ AREA CODE)

SCHOOL INFORMATION

RETURNING NAME OF SCHOOL GRADE IN RETURNING SCHOOL YEAR

CUSTODIAN INFORMATION (IF APPLICABLE)

NEW CUSTODIAN (A NOTARIZED CUSTODIANSHIP DECLARATION FORM MUST ACCOMPANY THIS FORM IF THERE HAS BEEN A CHANGE OF CUSTODIAN)

CURRENT SURNAME FIRST NAME RELATIONSHIP TO STUDENT

STREET ADDRESS

CITY PROVINCE POSTAL CODE EMAIL ADDRESS

HOME TELEPHONE NUMBER (+ AREA CODE) CELL PHONE NUMBER (+ AREA CODE) WORK TELEPHONE NUMBER (+AREA CODE)

HOMESTAY INFORMATION (IF APPLICABLE)

CONTINUE WITH CURRENT HOST FAMILY
The terms and conditions of the original Homestay Application Form/Student Participation Agreement signed and acknowledged by the student and his/her parent(s)/guardian(s) remain in effect for the duration of the renewal period.

NEW HOST FAMILY REQUESTED

HOMESTAY NO LONGER REQUIRED
Please note, upon returning to SCDSB, a student cannot contact his/her current SCDSB host family or any SCDSB host family to arrange homestay accommodations. Students must re-apply through SCDSB Homestay Service and pay the required fee.

PLEASE INDICATE THE LOCATION TO SEND THE LETTER OF ACCEPTANCE AND PAYMENT RECEIPT:

STUDENT'S SCHOOL STUDENT'S HOME ADDRESS (ABOVE) CUSTODIAN ADDRESS (ABOVE) PICK UP

APPLICATION FEE

RETURNING STUDENTS - \$125.00 CAD (non-refundable)

SEND YOUR APPLICATION PACKAGES TO:	DOCUMENT CHECKLIST:	PAYMENTS:
International Student Program Simcoe County District School Board 1170 Highway 26, Midhurst, ON Canada L0L 1X0 Telephone: (705) 734-6363 Ext. 11211 Fax: (705) 726-4886 E-mail: studyinsimcoecounty@scdsb.on.ca	<input type="checkbox"/> Renewal Application Form <input type="checkbox"/> Custodian Declaration Forms (if there has been a change from the original) <input type="checkbox"/> Proof of Medical Insurance for duration of stay.	<input type="checkbox"/> Application fee (\$125.00 CAD) <input type="checkbox"/> Tuition Payment (1 semester - \$6,250.00 – CAD) (2 semesters - \$12,500.00 – CAD)



REFUND POLICY

It is the policy of the Simcoe County District School Board to issue a refund only if the student is refused a study permit by Citizenship and Immigration Canada (CIC). To obtain a refund, the student must provide the following documentation within 30 days* of the date of issue of the original refusal letter from CIC:

- A written refund request signed by the parent(s) and student. The request must include the name and address of the person to whom the refund cheque should be made payable.
- The original letter of refusal from the CIC.
- The original SCDSB letter of acceptance.
- The original SCDSB tuition receipt.

*There will be no refund issued if the student fails to submit any of the above within 30 days.

Application fees are non-refundable.

There will be no refund of the tuition fee in the following circumstances:

- If the student chooses to withdraw for any reason after a SCDSB official Letter of Acceptance has been issued, unless the student is refused a study permit by CIC.
- If the student is found in violation of SCDSB policies or the SCDSB Code of Conduct and is asked to withdraw from school.
- If false medical information is given and conditions were not disclosed.

A partial tuition fee may be refunded if the student's immigration status changes to Canadian Permanent Resident during the school year. Contact the International Student Program Office for more information.

PARTICIPATION AGREEMENT

International students must comply with all Simcoe County District School Board policies and the Student Code of Conduct. Failure to follow school policy or to comply with the conditions of the study permit as stated by Citizenship and Immigration Canada (CIC) will result in the student being demitted.

The SCDSB is not responsible for any loss or injury. If the student becomes ill, incapacitated or is demitted, the student will be sent home at his/her own expense. Any disputes of a legal nature must be resolved through the courts of Ontario.

International students must have achieved an academic average of 65% and must maintain this average while attending school in order to be eligible for admission renewal.

Secondary School Students must maintain a full timetable (minimum of three courses per semester).

Students must notify the SCDSB International Student Program Office of a change of custodian.

For the purposes of administering the International Student Program, the Simcoe County District School Board shall exchange personal information of the student with their agency (Homestay or other), the custodian and the host family as appropriate. Such information may include academic records, behavioural issues and health and welfare concerns. Questions related to information sharing may be referred to the International Student Program Office.

I/We declare that all the information provided in this application is complete, correct and to the best of our knowledge.

I/We have read and agree to comply with the above conditions regarding the participation agreement, deferral and refund policy.

I/We have read, acknowledge and agree to all the guidelines and information pertaining to school admissions at SCDSB schools.

<input type="checkbox"/> YES	Student photographs, videotaped images and activities, voice recordings, artwork, writing or other school work may be recorded, displayed or used in board and school specific internet webpages for documentation and presentation purposes of the Simcoe County District School Board. I/We the undersigned, consent to the use of the above noted records and images by the Simcoe County District School Board for the individual named below.
<input type="checkbox"/> NO	

<input type="checkbox"/> YES	I give my child permission to attend school and district-sponsored field trips.
<input type="checkbox"/> NO	

SIGNATURE OF STUDENT	DATE (DD/MM/YYYY)
SIGNATURE OF PARENT	DATE (DD/MM/YYYY)
SIGNATURE OF PARENT	DATE (DD/MM/YYYY)

PRELIMINARY COURSE SELECTION

DO YOU REQUIRE COVALIDATION OF COURSES? YES NO

PLEASE SELECT THE MANDATORY/REQUIRED COURSES YOU NEED FOR COVALIDATION IN YOUR HOME COUNTRY:

<input type="checkbox"/> ESL	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> HISTORY	<input type="checkbox"/> MATH	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> SOCIAL SCIENCE
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PLEASE LIST ANY OTHER COURSES THAT YOU ARE REQUIRED TO TAKE DURING YOUR STUDIES IN CANADA BELOW:

PLEASE CHECK ANY OTHER COURSES THAT YOU ARE INTERESTED IN TAKING DURING YOUR STUDIES IN CANADA:

CATEGORY

ARTS & DESIGN	SCIENCES	SOCIAL SCIENCES	BUSINESS	TECHNOLOGY	OTHER
<input type="checkbox"/> VISUAL ARTS	<input type="checkbox"/> GENERAL (GRADES 9 & 10)	<input type="checkbox"/> GEOGRAPHY	<input type="checkbox"/> INTRODUCTORY BUSINESS	<input type="checkbox"/> COMMUNICATION TECHNOLOGY	<input type="checkbox"/> PHYSICAL EDUCATION
<input type="checkbox"/> MUSIC	<input type="checkbox"/> BIOLOGY	<input type="checkbox"/> HISTORY	<input type="checkbox"/> MARKETING	<input type="checkbox"/> COMPUTER TECHNOLOGY	<input type="checkbox"/> FOOD & NUTRITION
<input type="checkbox"/> GRAPHIC DESIGN	<input type="checkbox"/> CHEMISTRY	<input type="checkbox"/> PSYCHOLOGY	<input type="checkbox"/> INTERNATIONAL BUSINESS	<input type="checkbox"/> HOSPITALITY & TOURISM	
<input type="checkbox"/> FASHION	<input type="checkbox"/> PHYSICS	<input type="checkbox"/> POLITICAL SCIENCE	<input type="checkbox"/> FINANCIAL ACCOUNTING	<input type="checkbox"/> CONSTRUCTION TECHNOLOGY	

FUTURE GOALS

AFTER ATTENDING HIGH SCHOOL IN THE SIMCOE COUNTY DISTRICT SCHOOL BOARD, DO YOU PLAN TO ATTEND COLLEGE OR UNIVERSITY IN ONTARIO/CANADA TO CONTINUE YOUR STUDIES? (Please check)

COLLEGE UNIVERSITY

DO YOU PLAN TO ATTEND UNIVERSITY IN YOUR HOME COUNTRY TO CONTINUE YOUR STUDIES? (Please check)

UNIVERSITY

IF YES, WHAT AREA OF STUDY DO YOU WANT TO PURSUE IN COLLEGE/UNIVERSITY? (SELECT AS MANY AS NECESSARY)

<input type="checkbox"/> ARTS & DESIGN	<input type="checkbox"/> COMMERCE	<input type="checkbox"/> COMPUTER SCIENCE	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> MEDICAL SCIENCE
<input type="checkbox"/> MUSIC	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> SOCIAL STUDIES	<input type="checkbox"/> UNDECIDED	<input type="checkbox"/> OTHER:

STUDENT'S SIGNATURE

DATE (DD/MM/YYYY)

PARENT'S SIGNATURE

DATE (DD/MM/YYYY)