

RENEWAL

-	- 404	☐ RETURNING THROUGH THE SAME AGENT? Name of Agent ☐ RETURNING THROUGH A DIFFERENT AGENT? To (MMYYYY) ☐ RETURNING WITHOUT AN AGENT?								
From (MM/YYYY)			IKETOKNI	NG WIII	IOOT AN AGENT!					
STUDENT INI			FIRST NAME							
DATE OF BIRTH (MM/DD/YYYY)	AGE			GENDER	(MALE	☐ FEMALE		
STREET ADDRESS	S (IN CANADA)									
CITY	POS	STAL CO	DE	MAIN	PHONE # TO REA	CH STUDENT IN CANADA				
		ON								
STUDENT EMAIL	ADDRESS (REQ	(UIRED)				STU	DENT CELL # IN C	ANADA		
SCHOOL INE	ODMATION									
SCHOOL INF							CDADE IN DETII	IDNING SCHOOL VEAD		
RETURNING	NAME OF S	CHOOL					GRADE IN RETU	RNING SCHOOL YEAR		
CUSTODIAN	INFORMAT	Γ ΙΟΝ (IF ΑΡΙ	PLICABLE))						
☐ NEWCUSTOD	AN (A NOTARIZED	CUSTODIANSHIP D	DECLARATION	FORM MUST	ACCOMPANY THIS FO	RM IF THERE	HAS BEEN A CHANGE C	F CUSTODIAN)		
D										
CURRENT SURNAME				FIRST	NAME		RELATIONSHIP TO STUDENT			
STREET ADDRESS	<u> </u>			<u> </u>			<u> </u>			
CITY		ON		OSTAL C	ODE	EMAIL A	DDRESS			
CUSTODIAN EMER	ON	CUSTODIA	CUSTODIAN ALTERNATIVE PHONE			CUSTODIAN WORK PHONE NUMBER)				
HOMESTAY I	NFORMAT	ION (IF APP	LICABLE							
CONTINUE WIT	H CURRENT Ho	OST FAMILY original Home	estay Appl		orm/Student Parti the duration of the			and acknowledged by		
NEW HOST FAI	/ILY REQUEST	ED								
	n returning to S	CDSB, a stud					t family or any SC vice and pay the r	CDSB host family to equired fee.		
PLE	ASE INDICATE	THE LOCATI	ON TO SE	ND THE L	ETTER OF ACCE	PTANCE	AND PAYMENT RI	ECEIPT:		
☐ STUDENT'S SC	HOOL \Box	STUDENT'S	HOME AD	DRESS (A	ABOVE)	CUSTODI	AN ADDRESS(AB	OVE)		
APPLICATIO Must be in Canadia		s non-refunda	ble							
					HECKLIST:		PAYMENTS:			
studyinsimco	ecounty@s	cdsb.on.ca	a Re	newal Ap	pplication Form	Application fee) - CAD				
All 3-pages of this renewal application must be completed in full. If pages 2 and 3 are missing the applicable signatures, your application will be returned. Please place pages in order 1-3 first, and place any attachments that you may have at the			there origin	Custodian Declaration Forms (i there has been a change from the original) Proof of Medical Insurance for				ment - CAD EE WEBSITE FOR FEE SCHEDULE		
end.		duration of stay.								



PRELIMINA	RY CO	URSESE	LECTION							
DO YOU REQ	UIRE C	OVALIDA'	TION OF C	OURSE	S? 🗆 YE	s 🗆] NC)		
PLEASE SEI HOME COUN	LECT T NTRY:	HE MAND	ATORY/RE	QUIRE	D COURSES Y	OU N	EED	FOR CC	VALID	ATION IN YOUR
□ ESL	□ EN	IGLISH	□ HISTORY		□ MATH □		SCIENCE		☐ SOCIAL SCIENCE	
PLEASE LIS STUDIES IN			THER COL	JRSES	THAT YOU AR	E REC	QUIR	ED TO 1	AKE D	URING YOUR
PLEASE CHE STUDIES IN C			COURSES	THAT '	YOU ARE INTE	REST	ED II	N TAKIN	G DUR	ING YOUR
ARTS & DESIGN	SCIENCES		SOCIAL SCIENCES		BUSINESS		TECHNOLOGY		GY	OTHER
□ VISUAL ARTS	GENERAL (GRADES 9 & 10)		☐ GEOGRAPHY		☐ INTRODUCTO BUSINESS	RY	☐ COMMUNICATION TECHNOLOGY		TION	☐ PHYSICAL EDUCATION
□ MUSIC	□ BIOL	.OGY	□ HISTORY		MARKETING		☐ COMPUTER TECHNOLOGY			☐ FOOD & NUTRITION
☐ GRAPHIC DESIGN	☐ CHEMISTRY		□ PSYCHOLOGY		☐ INTERNATION BUSINESS	IAL	☐ HOSPITALITY & TOURISM		/ &	
☐ FASHION	□ PHYSICS		☐ POLITICAL SCIENCE		☐ FINANCIAL ACCOUNTING		□ CONSTRUCTION TECHNOLOGY		ΓΙΟΝ	
FUTURE GO	ALS									
AFTER ATTEND	ING HIGH		RIO/CANADA		Y DISTRICT SCHO				AN TO A	ATTEND
DO YOU PLAN		ND UNIVERS	ITY IN YOUR	HOME CO	DUNTRY TO CONT	INUE YO	OUR S	TUDIES? (Please c	heck)
IF YES, WHAT A	REA OF	STUDY TO Y	OU WANT TO	PURSUE	E IN COLLEGE/UNI	VERSIT	Y? (SI	ELECT AS	MANY A	S NECESSARY)
□ ARTS & DESIGN □ COMMERC		RCE COM		IPUTER SCIENCE		□ ENGINEERING		☐ MEDICAL SCIENCE		
□ MUSIC	□ MUSIC □ SCIENC		CE SOC		CIAL STUDIES		□ UNDECIDED		□ OTHER:	
IAME OF STUDEN	IT (LAST,	FIRST)								
IGNATURE OF S	TUDENT							DATE (I	MM/DD//\	(YYY)
SIGNATURE OF PARENT								DATE (MM/DD//YYYY)		



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 reasonafter 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 Country 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.

NO school work r social media (promotional p to the use of	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, social media (Facebook, Twitter and/or Instagram) for documentation, presentation, media and/or promotional 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.						
☐ YES I give my	child permission to attend school and district-spo	nsored field trips.					
SURNAME	FIRST NAME	DATE OF BIRTH (MM/DD//YYYY)					
SIGNATURE OF STUDENT	→	DATE(DD/MM/YYYY)					
SIGNATURE OF PARENT	→	DATE(DD/MM/YYYY)					
SIGNATURE OF PARENT	→	DATE(DD/MM/YYYY)					