



**RENEWAL** ☐ RETURNING THROUGH THE SAME AGENT? Name of Agent ☐ RETURNING THROUGH A DIFFERENT AGENT? RETURNING WITHOUT AN AGENT? From (MM/YYYY) To (MM/YYYY) STUDENT INFORMATION SURNAME FIRST NAME DATE OF BIRTH (MM/DD/YYYY) AGE **GENDER** ■ MALE ☐ FEMALE STREET ADDRESS (IN CANADA) CITY PROVINCE POSTAL CODE MAIN PHONE # TO REACH STUDENT IN CANADA STUDENT CELL # IN CANADA STUDENT EMAIL ADDRESS (REQUIRED) **SCHOOL INFORMATION** RETURNING NAME OF SCHOOL GRADE IN RETURNING SCHOOL YEAR **CUSTODIAN INFORMATION (IF APPLICABLE)** NEWCUSTODIAN (A NOTARIZED CUSTODIANSHIP DECLARATION FORM MUST ACCOMPANY THIS FORM IF THERE HAS BEEN A CHANGE OF CUSTODIAN) ☐ CURRENT SURNAME RELATIONSHIP TO STUDENT FIRST NAME STREET ADDRESS CITY PROVINCE POSTAL CODE **EMAIL ADDRESS** ON **CUSTODIAN EMERG PHONE # CUSTODIAN ALTERNATIVE PHONE CUSTODIAN WORK PHONE NUMBER) 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) APPLICATION FEE Must be in Canadian Funds and is non-refundable E-MAIL YOUR APPLICATION PACKAGES TO: **DOCUMENT CHECKLIST:** PAYMENTS: Renewal Application Form Application fee) - CAD studyinsimcoecounty@scdsb.on.ca ☐ Custodian Declaration Forms (if ☐ Tuition Payment - CAD All 3-pages of this renewal application must be completed in there has been a change from the full. If pages 2 and 3 are missing the applicable signatures, original) **PLEASE SEE WEBSITE FOR** your application will be returned. Please place pages in order **CURRENT FEE SCHEDULE** 1 - 3 first, and place any attachments that you may have at the ■ Proof of Medical Insurance for duration of stay.



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□ MUSIC	□ BIOLOGY		□ HISTORY		☐ MARKETING		☐ COMPUTER TECHNOLOGY			☐ FOOD & NUTRITION
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## **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 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 S	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-sp	onsored field trips.							
□ NO									
SURNAME	FIRST NAME	DATE OF BIRTH (MM/DD//YYYY)							
SIGNATURE	DF STUDENT ➡	DATE(DD/MM/YYYY)							
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SIGNATURE	OF PARENT -	DATE(DD/MM/YYYY)							
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