



Applicant Information					
Name:			Grade Applied: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
	First Name	Last Name			
<b>Program Selection:</b> <input type="checkbox"/> OSSD <input type="checkbox"/> OSSD+EAP <input type="checkbox"/> Protégé					
Preferred Enrollment Date: <input type="checkbox"/> Fall(September) <input type="checkbox"/> Winter(December) <input type="checkbox"/> Spring(March) <input type="checkbox"/> Summer(July)					
Date of birth:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	dd/mm/yyyy				
Phone No.:			E-mail:		
Nationality:			Native Language:		
Address:					
Status in Canada: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Other:					
Do you wish to apply for Amberson homestay? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education History					
From	To	School Name	Highest Level Achieved		
All original Transcripts or school records from the current year and the last two years must be officially certificated and translated into English. <b>Failure to comply may result in the return of the application package or delay the application process.</b>					
Parent(s) Information					
Father		Mother			
Name:			Name:		
	First Name	Last Name		First Name	Last Name
Date of Birth:			Date of Birth:		
	dd/mm/yyyy			dd/mm/yyyy	
Phone No.:			Phone No.:		
Email:			Email:		



Custodian Information			
Name:		Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	First Name      Last Name		YYYY-MM-DD
Address:			
Phone No.:		Email:	
Agent Information (if applicable)			
Agent Name:		Company Name:	
Phone No.:		Email:	
Credit Card Payment Authorization for Application Fee (CAD\$260 for OSSD program, CAD\$350 for OSSD+EAP program, non-refundable)			
Visa Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Printed Name as it Appears on Card:		Expiry date (MM/YY):	
Card Number:		Security Code (last 3 or 4 digits on back of card):	
Exact Billing Address of Card Holder:			
Post Code:	Phone No.:	Email:	
<b>I hereby authorize Amberson High School to charge CAD \$_____ to my card chosen above.</b>			
Signature:		Date:	

**Refund Policy**

- Tuition fee will be refundable only if a student is refused a study permit by CIC. In this case, a written refund request signed by student and parents must be submitted together with Amberson High School's official letter of acceptance, original fee payment receipt and student copy, and the original refusal letter from CIC. An administration fee of \$500.00 will be deducted from each refund request.
- There will be no refund of tuition fee if the student withdraws for any reason other than refuse of study permit after the Amberson High School official letter of acceptance has been issued.
- There will be no refund of tuition fee if found in violation of school regulations and asked to withdraw from the school.
- There will be no refund of tuition fee if the student changes immigration status during the school year.

I/We have read and fully understand all above policies. I/We declare all information provided in this application is true and valid. I/We agree to abide by all rules and regulations of Amberson High School. Amberson High School High School shall not be held liable for losses or expenses as a result of the school being unable to provide education owing to labour disputes or other causes beyond its control.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Custodian

\_\_\_\_\_  
Date