



STUDENT APPLICATION FORM

Student Information

Surname		First Name	
Preferred Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy)		Age	
Citizenship		Country of Birth	
E-mail Address		Contact Phone #	

Current Education Information *Attach the most recent original or certified copies of transcripts or school records (translated into English) from the previous two years of study.*

Name of your current school			
School E-mail		Current Grade Attending	
Current School Year Start Date		End Date	

Study Plan at the SOC

Grade Applying	<input type="checkbox"/> Summer Camp <input type="checkbox"/> Semester <input type="checkbox"/> G9 <input type="checkbox"/> G10 <input type="checkbox"/> G11 <input type="checkbox"/> G12 <input type="checkbox"/> Pre-U
Start Date	<input type="checkbox"/> Sept - Dec <input type="checkbox"/> Jan - April <input type="checkbox"/> May - June <input type="checkbox"/> Other:
Specific Ontario Courses/Credits Needed:	
Goals	<input type="checkbox"/> Ontario Secondary School Diploma <input type="checkbox"/> ESL
Area of interest: <input type="checkbox"/> Arts <input type="checkbox"/> Business <input type="checkbox"/> Computer Studies <input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Other (please specify):	
Post-Secondary Goals <input type="checkbox"/> Attend University in Canada <input type="checkbox"/> Attend College in Canada <input type="checkbox"/> Attend University in the USA <input type="checkbox"/> Other(please specify):	
Extra-Curricular Activities	<input type="checkbox"/> Sports (please specify): <input type="checkbox"/> Arts (please specify): <input type="checkbox"/> Musical Instruments (please specify): <input type="checkbox"/> Film or Video Production <input type="checkbox"/> Photography or Journalism <input type="checkbox"/> Other (please specify):

Student Services Information

Custodianship:	<input type="checkbox"/> Required <input type="checkbox"/> Not Required	Airport Pick-up:	<input type="checkbox"/> Required <input type="checkbox"/> Not Required
Health Insurance	Health insurance is provided to all students; this is included in the school fees.		
Accommodation & Care	All international students are required to live in accommodation arranged by SOC.		



Parent and Family Information

Father's Surname		First Name	
Date of Birth (dd/mmm/yyyy)		E-mail Address	
Cell Phone #		Phone #	
Home Country Mailing Address			

Mother's Surname		First Name	
Date of Birth (dd/mm/yyyy)		E-mail Address	
Cell Phone #		Phone #	
Home Country Mailing Address			

Province		Country		Postal Code	
----------	--	---------	--	-------------	--

Home Phone #		Emergency Contact	<input type="checkbox"/> Mother <input type="checkbox"/> Father
E-mail address to receive information from the SOC			
Accompanying Family Member (to Canada)	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Other (please specify):	

Other Contact Information in Canada (if applicable)

Surname		First Name			
Relationship to the Student					
Home Phone #		Cell Phone #			
Work Phone #		E-mail Address			
Home Address					
Province		Country		Postal Code	

Medical Information: An up-to-date immunization record is required by the Public Health Department and SOC officials. A form outlining immunizations requirements will be sent to all students accepted to the school.

Does the student have any allergies, medical condition or take any medication?
 No Yes, please describe:

Does the student have perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concerns?
 No Yes, please describe:

Agency Information

Agency		Contact Person	
<input type="checkbox"/> I hereby authorize the above named agent to receive personal, school and accommodation information electronically for _____ (name of student) on my behalf.			
Parent or Guardian Signature (1)		Date	
Parent or Guardian Signature (2) * If applicable		Date	

Your typed Name will be accepted as if Signed by Hand



Payment Policy

Payments can be made payable to Southern Ontario Collegiate by wire transfer, bank draft, money order or certified cheques. The school will only issue the Letter of Acceptance and payment receipt when the full payment and completed application package have been received.

Deferral of Fees

If a student permit is not issued in time for the student to attend the first day of classes, the student may request that admission be deferred to the following term. Request for deferral must be submitted in writing prior to the start date of the registered term. If a study permit is denied and the student wished to re-apply, the student may request that admission be deferred to the following term. Request for deferral must be submitted in writing within 30 days of denial of the study permit. The original letter of refusal from Citizenship & Immigration Canada (CIC) must accompany the written request.

Refund Policy

The SOC will issue a refund **only if a student is refused a study permit by CIC**. In this case, the student must submit 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 indicating to whom the Refund Cheque should be made payable
- A copy of the official Refusal Letter from CIC

Please refer to the chart below for refundable fees:

Items	Terms	Note
Application fee	Non-refundable	
Custodianship fee	Non-refundable	
All Other Fees	Refundable	
Administration Charge	\$200	

The school **will NOT** issue a refund under the following circumstances:

- If a student voluntarily withdraws from the program after a study permit has been granted to attend SOC.
- If a student is in violation of SOC policies or code of conduct resulting in dismissal from school
- If the student fails to comply with the conditions of the Study Permit as stated by Citizenship and Immigration Canada resulting in dismissal from SOC.

I/We have read, understand and agree to the PAYMENT POLICY, DEFERRAL FEES, and REFUND OF FEES outlined above.

Student Signature		Date	
Parent or Guardian Signature (1)		Date	
Parent or Guardian Signature (2) * If applicable		Date	

Your typed Name will be accepted as if Signed by Hand