



FOR DSBN OFFICE USE ONLY:
 School Placement:
 Grade Placement:
 School-year Placement:

Returning International Student Application Form 2018-2019

Students returning for a renewed study period to the DSBN must complete and submit this form
 (processes are subject to change)

Application Process

1. **Fully** complete this application form (or apply online at dsbn.org/international), and submit to international@dsbn.org
2. Submit payment of **non-refundable Administrative Fee of CAD\$150**
3. DSBN will confirm receipt of application and will issue an invoice for the Tuition Fees with a due date
4. Submit **full Tuition Fees** as outlined in the invoice
5. Once payment is processed, DSBN will issue Letter of Acceptance and receipt for fees.

Also, please email the following supporting documents when received. You will not be allowed to start school without them:

- a) Valid study permit covering the new study period:
- b) Copy of the previous or the originals of any new notarized custodianship documents (for minors) that will be effective for the new study period.
- c) Proof of Canadian healthcare insurance in effect for duration of new study period.

Inquiries: international@dsbn.org or 905-641-2929 ext. 54181 or 54176

DATE OF APPLICATION Day _____ Month _____ Year _____

Due Dates: April 30 for September start OR December 1 for February start

STUDENT'S INFORMATION

I am a Returning Student to DSBN <input type="checkbox"/>		GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	STUDENT'S EMAIL ADDRESS:
SURNAME (Family Name):	FIRST NAME(S):	ENGLISH NAME (If applicable):	
DATE OF BIRTH: (dd/mm/yyyy)	CURRENT SCHOOL AT THE DSBN:	GRADE:	

PARENTS' INFORMATION

STUDENT'S / FAMILY'S PERMANENT ADDRESS IN HOME COUNTRY:

Street Address _____ District _____
 City _____ Province _____
 Country _____ Postal Code _____

FATHER'S FULL NAME - Surname / First Name(s):	MOTHER'S FULL NAME – Surname / First Name(s):
FATHER'S PRIMARY TELEPHONE NUMBER (Include country & area codes):	MOTHER'S PRIMARY TELEPHONE NUMBER (Include country & area codes):

PARENTS' PRIMARY EMAIL ADDRESS: _____

PROGRAM INFORMATION

CHECK THE APPROPRIATE BOX BELOW FOR THE REQUESTED PROGRAM:

SECONDARY SCHOOL: FULL YEAR – Sep-Jun SEMESTER ONE – Sep-Jan SEMESTER TWO – Feb-Jun

ELEMENTARY SCHOOL: FULL YEAR – Sep-Jun HALF YEAR – Sep-Jan HALF YEAR – Feb-Jun

HOMESTAY INFORMATION (OR Address Where You Will be Residing)

NAME OF THE HOST FAMILY CONTACT (If Applicable)

SURNAME: _____ FIRST NAME: _____

ADDRESS OF HOST FAMILY (or address where you will be residing) _____

TELEPHONE NO. OF HOST FAMILY: _____ EMAIL ADDRESS OF HOST FAMILY: _____

NOTE: Student's homestay or residential address in Niagara must be within the stated boundaries of the Regular or ESL-Site school attended.**CUSTODIANSHIP INFORMATION**

A Custodian is required if student is a minor (under 18 years of age) living in Ontario and not living with a parent/guardian. The Custodian must be a Canadian citizen or permanent resident of Canada aged 19 years or over and must live within a reasonable distance from the student. A Custodianship Declaration must be made by the parents/guardians and by the named custodian and the documents must be notarized.

NAME OF CUSTODIAN: _____ SURNAME: _____ GIVEN NAME(S): _____

FULL ADDRESS OF CUSTODIAN: _____

TEL. NO. OF CUSTODIAN: _____

RELATIONSHIP TO STUDENT: _____

SERVICE PROVIDER (AGENT) INFORMATION (Complete this only if student was originally referred by an "agent")

NAME OF SERVICE PROVIDER ORGANIZATION: _____

LETTER OF ACCEPTANCE

The official Letter of Acceptance (LOA) will be issued by the DSBN within 15 business days of receiving complete information on the Returning International Student Application form, **payment of administrative fee and full tuition fees**, and the documents requested (if available). If you need the original copy of the LOA to be mailed, please indicate the option below. Should a 3-day courier service be requested for delivery of the original LOA, a courier fee of CAD\$100 will be assessed and must be submitted along with the administrative fee and tuition fees. A PDF of the LOA will also be sent.

 Mail original LOA to Parents' permanent address in home country**OR** Mail original LOA to Service Provider's mailing address (if applicable) Mail original LOA to Homestay Family's Local Niagara Address**AND** Mail original LOA by 3-day courier (if applicable) to the recipient checked-off above**HEALTHCARE INSURANCE COVERAGE IN CANADA**

I acknowledge that it is my responsibility as the student, or that of my parents (if I am a minor), to purchase and maintain adequate healthcare insurance coverage effective in Canada for the period of enrolment at the DSBN. A copy of the insurance certificate must be submitted along with this application form to the DSBN. I acknowledge, also, that it is my responsibility, or that of my parents (if I am a minor), to renew my healthcare insurance coverage and maintain it in the event my study permit from IRCC and my attendance at the DSBN is extended in accordance with a renewed Letter of Acceptance.

Initials of Student or Parent/Guardian (if student is a minor) _____**APPLICANT'S SIGNATURE****Signature of Student or Parent/Guardian (if student is a minor)** _____ **Date** _____

OPTIONS FOR MAKING PAYMENT (All payments in Canadian funds – Check one option below)

Credit Card Authorization (complete this if using credit card)

Card Type: MasterCard Visa

Card No.: _____

Card Expiry (mm/yy): _____ / _____

Validation Code (on back of card) _____

Amount: \$ _____.

Cardholder Name: _____

Cardholder Address: _____

Cardholder Signature: _____

Bank Wire Transfer

(Follow this if using bank transfer)

Name of Account:

District School Board of Niagara

Bank No.: 00010

Transit No.: 00172

Account No.: 8349819

Swift Code: CIBCCATT

C.I.B.C

45 King St., St. Catharines

Ontario, Canada L2R 6S2

Add CAD\$15 to total fees being transferred to cover bank service charge

Cash, or

Certified Cheque or Bank Draft or Money Order
payable to the
District School Board of Niagara

Submit in person or by mail to:
Wendy Campbell, Finance Dept
District School Board of Niagara,
191 Carlton St., St. Catharines,
Ontario, Canada L2R 7P4

Write student name in Memo