



Agency Information—if applicable

Agency: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Terms of Admission**

1. Liturgies, Paraliturgies and retreats are an integral part of the school curriculum and all students are expected to participate in them. To help fulfill the Board's aim of providing an educational atmosphere which fosters and directs the spiritual, intellectual, aesthetic, physical and social growth of all students enabling them to live and contribute as responsible Catholics in our society, all students are required to take a religious course in each year of secondary school.
2. I will provide a notarized translation in English of my academic documents should the originals be in a language other than English.
3. I will secure a current Study permit from Citizenship and Immigration Canada for studies longer than 6 months.
4. I will secure adequate private health insurance coverage to meet Canadian Standards.
5. I will provide proof of vaccination against Mumps, Measles, Rubella, Diphtheria, Tetanus and Polio.
6. I agree to pay by wire transfer, certified cheque or money order 2 weeks prior to the 1st day of school. Gross fees payable in Canadian funds to the Niagara Catholic District School Board. Fees are subject to change without notice.
7. I agree to submit with this application payment in the amount of \$275.00 Canadian (Annual Application Fee).
8. I agree to register at the school to which I am assigned by the Niagara Catholic District School Board the week before the beginning of the new school year. Late registrations will not be accepted during the first three days of the school year.

**I, the undersigned, understand and accept the Terms of Admission into a school in the  
Niagara Catholic District School Board.**

I am enclosing the following:

- Notarized translation in English of my academic documents should the originals be in a language other than English
- Proof of Vaccination against Mumps, Measles, Rubella, Diphtheria, Tetanus and Polio.
- \$275.00 Canadian non-refundable deposit.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Applications should be submitted to the:



**Supervisor of International Education**  
**Niagara Catholic District School Board**  
**145 Niagara Street, St. Catharines, Ontario, Canada L2R 4L7**  
**Phone: 905.646.5967**  
**Email: international@ncdsb.com**