



APPLICANT INFORMATION

Student: Usual Name: _____ Age: _____ Gender: Male Female

Legal Student Name: _____

Surname

First Name

Address: _____ City: _____

Province: _____ Postal Code: _____ Student's E-mail: _____

Phone: (____) _____ PEN: _____ Birthdate: _____

School Currently Attending: _____

Grade: _____ AP Course(s): _____

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION AS APPLICABLE

1. Passport
2. Study Permit
3. Medical Services Plan Card
4. Report Card

Registration Fee: \$200.00 (Non-Refundable)

Course Fee: Canada Star Secondary School Student: See CSS Price List.

Other Student: \$2,800.00/ Course

REFUND POLICY

Students can get ½ if requested 7 days before class starts.

No Refund if requested less than 7 days and afterwards.

Parent/Guardian Signature

Student Signature

Date