



Metropolitan Preparatory Academy
49 Mobile Drive • Toronto, Ontario • M4A 1H5 • (416) 285-0870

2018 AUGUST ESL PROGRAM FEE

\$2,480.00 CAD

(THIS INCLUDES: MEDICAL INSURANCE, TEXT-BOOKS AND ACTIVITIES LISTED ON OUR ESL SUMMER CALENDAR)

I/WE AGREE TO PAY ALL FEES, DEPOSITS, DUES, ACCOUNTS, AND OTHER INDEBTEDNESS INCURRED BY THE STUDENT OR ON THE STUDENT'S BEHALF WHILE ENROLLED AT METROPOLITAN PREPARATORY ACADEMY. I UNDERSTAND THAT MY OBLIGATION TO PAY THE TUITION FEES FOR THE SUMMER PROGRAM IS UNCONDITIONAL. FURTHER, NO PORTION OF SUCH FEES SO PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE, WITHDRAWAL OR DISMISSAL OF THE ABOVE STUDENT FROM THE SCHOOL EXCEPT AS FOLLOWS:

A) IF A STUDENT IS REFUSED ENTRANCE TO CANADA BY IMMIGRATION, A COMPLETE REFUND WILL BE ISSUED LESS A \$500.00 ADMINISTRATION FEE.

STUDENT'S NAME

DATE

MOTHER'S/GUARDIAN'S SIGNATURE

FATHER'S/GUARDIAN'S SIGNATURE

BANK TRANSFER INFORMATION

BANK BRANCH:

CANADIAN IMPERIAL BANK OF COMMERCE
1 QUEEN STREET EAST
TORONTO, ONTARIO
M5C 2W5

PHONE: 416-980-3085

BENEFICIARY: METROPOLITAN PREPARATORY ACADEMY

BRANCH NUMBER: 00902 INSTITUTION NUMBER: 010 ACCOUNT NUMBER: 5824613

SWIFT CODE: CIBCCATT

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INTERNATIONAL STUDENT MEDICAL PROFILE

STUDENT'S NAME: _____

DATE OF BIRTH: DAY ____ MONTH ____ YEAR ____

GENDER: MALE FEMALE

MEDICAL HISTORY

PLEASE CHECK EACH OF THE FOLLOWING, IF YOUR CHILD HAS OR HAS HAD:

	<u>YES</u>	<u>NO</u>
EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>
HEART TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA.....	<input type="checkbox"/>	<input type="checkbox"/>

ANY OTHER MEDICAL CONDITION WE SHOULD BE AWARE OF:

ALLERGIES, IF YES, PLEASE INDICATE TYPE IN SPACE BELOW:

IF ALLERGIC TO FOODS OR INSECT BITES, DOES YOUR CHILD CARRY AN EPIPEN?

ULCER OR STOMACH PROBLEMS

BACK INJURY

KIDNEY DISEASE

HAS YOUR CHILD EVER BEEN UNDER PSYCHIATRIC CARE OR TREATED FOR A NERVOUS DISORDER?

DOES YOUR CHILD TAKE A PRESCRIPTION MEDICATION ON A DAILY BASIS?

IF YES GIVE DETAILS?

IMMUNIZATIONS ARE UP-TO-DATE

(Please note at age sixteen, students must verify that they have had a booster shot for tetanus, diphtheria and pertussis)

DATE

PARENT'S/GUARDIAN'S SIGNATURE