

ESL SUMMER CAMP, TORONTO

AUGUST 1 TO AUGUST 30, 2018

<u>STUDENT</u>	INFORMATION:								
Legal Surn	ame:		L	egal First Nar	me:				
Anglicized	Name:								
Date of Bi	rth: Day	Month	Year		Gender:	Male	🗌 Fema	le	
Student's	mobile:		Studen	t's Email:					
Country o	f Citizenship:			First Langu	age:				
(If already	studying in Can	ada) Date of Entran	ce to Canada:	: Day	Month		Year		
Home Add	Iress outside of	Canada: House/A	ot #	Street:					
City:		_ Province\State: _		Co	untry:		Postal C	ode	
Mother's	Name:		I	Father's Nam	e:				
Mother's Mobile:				Father's Mobile:					
Mother's	Email:		I	Father's Emai	l:				
Present So	hool:								
Address o	f School:					Present Grade:			
	N RESIDENCE INF	ORMATION:							
		to know with who / Mother / Father ,	-			Guardian ,	/ Self /		
Address v	vhile in Toronto	Street:				Apt/	Suite #:		
City:		Postal Cod	e:	Hom	ne (Cell) Tele	phone:			
Name of A	dult in the hom	e:	A	dult's email a	ddress:				
NOTE: W	hen returning	this application al	of the follow	ving <u>must be</u>	<u>e included</u> :				
		ns must be fully con	npleted and si	gned.					
1. 2.	Bank draft fo	or fees. of Student Transcr	int and most r	ecent school	renort (must	hoth he o	fficially tran	uslated if not in Fn	σlich۱
2. 3.		lent's Passport.			i eport (must	Sour De U		ISIGLEG IT HUL III EII	Бизи)
I/W	e agree to adh	ere to the rules of	Metropolita	an Preparato	ory Academ	y and to p	bay all Sun	nmer ESL Progra	m fe

I/We agree to adhere to the rules of Metropolitan Preparatory Academy and to pay all Summer ESL Program fees and incidental expenses. I/We understand that if the student withdraws or is expelled from the Summer ESL Program, there be will no refund of fees.



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 🗆 Fi	EMALE
<u>MEDICAL HISTORY</u>	
PLEASE CHECK EACH OF THE FOLLOWING, IF YOUR CHILD HAS OR HAS HAD:	
YES EPILEPSY	
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	
NERVOUS DISORDER?	
DOES YOUR CHILD TAKE A PRESCRIPTION MEDICATION ON A DAILY BASIS? IF YES GIVE DETAILS?	
IMMUNIZATIONS ARE UP-TO-DATE	

Date

PARENT'S/GUARDIAN'S SIGNATURE