



## **INTERNATIONAL APPLICATION FORM**

**2021-2022**



# INTERNATIONAL APPLICATION FORM

## FEES & TUITION

Registration Fee - \$100  
Tuition Kindergarten to Grade 5 - \$11,900.00  
Tuition Grade 6 to 12 - \$15,475.00  
K to 12 - 25 % Family discount for 2nd + children  
Homestay (if required) Grade 6 to 12 - \$800.00/month (Sept - June)  
Settlement Fee (if required) - \$1,500  
Parent on a Work or Study Visa - child may be entitled to a domestic tuition rate.

## REGISTRATION PROCEDURE

**STEP 1** Provide the following documents by e-mail to [admissions@monctonchristian.ca](mailto:admissions@monctonchristian.ca) or fax to 1-506-857-9016:

- Completed Application Form
- Birth certificate
- Immunization Record
- Passport information
- Last year's final report card
- Current year's report card or official transcript
- Any educational or psychological tests completed in the past three years (if applicable)

Moncton Christian Academy will review the above documents. Once acceptance has been approved an Invoice for school fees will be emailed.

**STEP 2** Send payment for school fee invoice.

When Payment of school fees has been received, Moncton Christian Academy will issue a receipt and a Letter of Acceptance.

**STEP 3** Apply for a Student Visa or Study Permit – To study in Canada, students must obtain a Student Visa or Study Permit from the Canadian Government. Contact your nearest Canadian Consulate or Embassy to arrange an appointment. Enquire at the consulate if other documents will be required to enter Canada as a student.

If you have additional questions, please visit the Canadian Immigration website, or contact us at [admission@monctonchristian.ca](mailto:admission@monctonchristian.ca).

**STEP 4** Once your Student Visa and Study Permit are approved, please email a copy to the school.

**STEP 5** When your travel arrangements have been confirmed, please contact the school with your expected arrival date so we can arrange a meeting with your family.

## STUDENT INFORMATION \*\* Please print. \*\*

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthdate: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

**Desired Start Date:** Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

## PARENTAL INFORMATION

### Father's information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Marital Status: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Lives with child: Yes \_\_\_ No \_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Mother's information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Marital Status: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Lives with child: Yes \_\_\_ No \_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Occupation: \_\_\_\_\_

## HOME ADDRESS

Apt.# \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

## CANADIAN LIVING ARRANGEMENTS

Will your child require Homestay: Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", who will your child be staying with while in Canada?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Canadian Address—Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Person to contact if school is unable to contact parent(s) or Guardian:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## PERMISSION

**School Trips:** Permission to participate in school related off campus trips that are supervised by a faculty member.

Such as: Sports, Field Trips, Skating etc.

Permission given: Yes \_\_\_\_\_ No \_\_\_\_\_

**Image Permission:** Picture, voice, video and/or school work to be used by MCA for Promotional material.

Permission given: Yes \_\_\_\_\_ No \_\_\_\_\_

## SIGNATURES

Signature of both parents is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT WITHDRAWAL POLICY

A full tuition/homestay fee refund, less an administration fee of CAD \$500.00, will be granted for two reasons ONLY:

- 1) Citizenship and Immigration Canada does not issue a Study Permit and/or Student Visa.
- 2) There is death in the student's immediate family.

To obtain a tuition/homestay refund, the parent submit a written refund request including their name, home address, signature(s), and full name of the student withdrawing. As well, either a copy of the "Letter of Rejection" from Citizenship and Immigration Canada or proof of the family member's passing.

There will be no refund of the tuition/homestay fee in the following circumstances:

- 1) If the student chooses to withdraw for any other reason
- 2) If the student is found in violation of school regulations and asked to withdraw from MCA.

Tuition/homestay fees are to be paid in full before the Letter of Acceptance will be provided. In some cases, MCA will allow for families to pay by semester. In these isolated situations and when the "Letter of Acceptance" visa document stipulates that the length of study is one full year (two semesters), the same refund policy applies. That is, the student is required to pay for both semesters and remain a student at MCA for the course of study indicated in the "Letter of Acceptance". Again, the only two exceptions are noted above.

Failure to meet financial obligations will result in possible legal action, holding of the student's MCA transcript and notification of this breach to Citizenship and Immigration Canada.

Signature of both parents is required to signify that you have read and understand this policy:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# INTERNATIONAL HEALTH FORM

## STUDENT INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthdate: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Entering Grade: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Has your child received the required immunization?

Yes \_\_\_ No \_\_\_

If "No", please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a disability? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child a medical problem that should be brought to

attention of the school? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child on daily medication? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other medical information that you feel is

important for the school to know that has not been covered

on this form? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IMMUNIZATION RECORD

Please ensure that a copy of the Immunization Record is returned with this form.