

INTERNATIONAL STUDENT APPLICATION FORM

Student Information

First /Given Name:	Age: Entering Grade:				
Last/Family/Surname:	Gender:Female Male Citizenship: Passport #: Is the applicant applying for one of the following?				
English/Nickname:					
Birth Date (mm/dd/yy):/					
When is the student applying to start at Munro Academy?					
September/Full Year February Start /2nd Semester	IB Program Summer ESL Camp				
Is the applicant seeking a homestay placement? No	Yes				
Health Insurance Company (if any):	Insurance #:				
Family Information					
Father's First Name:	Mother's First Name:				
Father's Last Name:	Mother's Last Name:				
Date of Birth (mm/dd/yy):/					
Occupation:	Occupation:				
Lives with Child(ren): No Yes	Lives with Child(ren): No Yes				
Cell Phone:	Cell Phone:				
Address and Contact Information					
Apt., Flat, PO Box #:	Home Phone:				
Street Address:	Primary Email:				
City:					
Province/State:	Secondary Email:				
Country:					
Postal Code/ZIP:					

Emergency Contact - person to contact if parent/custodia Name of Emergency Contact	Emergency Contact home phone:
Relationship to Student:	Emergency Contact Cell #:
Custody	
Are there special instructions to be noted regarding custody of	f students? No Yes (explain)
Academic & Background Informat	ion
Last School Attended:	Contact Person at School:
Last Grade Completed:	School Phone #:
Describe applicant's interest in seeking admission to Munro A	.cademy:
Outline applicant's schooling history (schools attended, reaso	n for leaving, etc.):
Indicate applicant's level of previous academic work: E Describe applicant's academic giftings and/or strengths:	Excellent Good Average Poor

Munro Academy: International Student Application Form	
Describe any diagnosed learning disabilities or other spec	cial needs:
Agency Information (if applicable	e)
Agency Name:	Agent's Email:
Name of Agent Representative:	Agent's Phone Number (country/code/number):
Parental Agreement	
As parents, we give our full support to the teachers, progr fully and on time. We understand and agree with Munro A	rams and policies of the school. We pledge to pay the tuition payments academy's refund policy(on MA website).
Parent's Signature	Student's Signature
Date	Date

How to Complete Application

STEP 1 - Please email copies (no originals) to: jpinno@munroacademy.org

- Completed Application Form
- Birth certificate (copy only)
- Passport information (copy only)
- Official transcripts (1-2 years), plus grades in progress
- English Proficiency tests
- Any educational or psychological tests completed in the past three years

Once all documents have been received:

- During the application process, you will be contacted to arrange a time for a remote information session and to make arrangements for an English Assessment. The English Assessment will take approximately an hour and will happen several days later.
- MA Admissions team will review all application documents and a response (Letter of Acceptance, etc.) will be emailed to you within 1-2 weeks.

STEP 2 - Acquire your Canadian Student Permit: We strongly recommend that you have an educational agent to assist you with the application and study permit application process. Your agent will direct you as to the required documents and next steps in obtaining a study permit. If you do not have an agent, contact your nearest Canadian Consulate or Embassy to arrange an appointment. Bring your acceptance letter and all supporting documents. If you have additional questions, please visit Canadian Immigration online. Once your student visa is approved, we will communicate next steps for travel and orientation, and welcome you to Munro Academy.

	(applicant) has/ has not been accepted as
a student at Munro Academy.	
Principal Signature	Date
Admissions Checklist:	
Student/Parent Handbook Read	Lifestyle commitment Vision
Insurance Checklist	
Insurance Info	Copy of Insurance
Finance Checklist	
International Registration Fee (\$100)	Tuition - Wire Transfer received
Homestay Contact Info	
Name:	Phone:
Address:	Cell:
Email:	<u></u>
Other Info:	



INTERNATIONAL STUDENT HEALTH FORM

Student Information

First/Given Name:			Entering Grade:		
Last/Family/Surname:		Health Insurance Company (if any):			
English/Nickname:					
Birth Date (mm/dd/yy):			Insurance #:		
Age:					
Diseases/Cond	litions				
Has student ever had	Check all that apply.	Date (mm/dd/yyyy)	Has student ever had	Check all that apply.	Date (mm/dd/yyyy)
Diphtheria		1 1	Chicken Pox		1 1
Measles		1 1	Rheumatic		1 1
Mumps		1 1	Fever Scarlet		1 1
Polio		1 1	Whooping Cough		1 1
Rubella		1 1	Other: (Specify)		1 1
Tetanus		1 1			
Covid-19		1 1			
			I		I
Has student ever been diagnosed with	Check all that apply.	Date (mm/dd/yyyy)	Has student ever been diagnosed with	Check all that apply.	Date (mm/dd/yyyy)
Asthma		1 1	Rheumatic		1 1
Diabetes		1 1	Visual Problems		1 1
Hearing Problems		1 1	Other: (Specify)		1 1
Heart Condition		1 1			
Pneumonia		1 1			

Please Answer The Following Questions

Has the applicant received rec No (If NO, specify.)	uired/standard immunizations? Yes				
Has the applicant received Co	vid-19 vaccinations?				
No (If NO, specify.)	First - Type		Second - Type		
-	Booster- enter date (mm/dd/yyyy)	/		Type	
Does the applicant have any a	llergies?				
No Yes (If YES	, specify.)				
Does the applicant have a disc	ability?				
Has the applicant a medical pr	roblem that should be brought to the attenti	on of th	e school?		
Is the applicant on daily medic No Yes (If YES					
Is there any information that y	ou feel is important for the school to know t	hat has	not been	covered in this update?	



INTERNATIONAL STUDENT PERMISSION FORM

Student I	nformation			
First/Given Name: Last/Family/Surname: English/Nickname:		Birth Date (mm/dd/yy):// Age: Entering Grade:		
Permission	on			
Only check if per	rmission is granted			
	School Trips: Permission to participate i member. Such as: Sports, Field Trips, Sk	n school related off campus trips that are supervised by a faculty ating etc.		
	Media Permission: Picture, voice, video and/or work may be used by MA for promotional materials.			
	Lunch hour Permission (Grades 9 – 12 Only): Permission to leave MA grounds between the hours 12:40 pm – 1:15 pm and recognize that students will be unsupervised by school faculty.			
Parental	Consent			
Parent's Signat	ture	Date		
Student's Signature Date		Date		



International Student School Fees Refund Policy

If a student is refused a Study Permit by Citizenship and Immigration Canada they will receive a full refund minus \$500 administrative fee. To obtain a tuition refund, the student must provide a copy of the "Letter of Rejection" from Citizenship and Immigration Canada and a written refund request from the student's parents including name(s), home address, signature(s), and full name of the student withdrawing.

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

- If the student chooses to withdraw for any reasons other than the Study Permit being denied by Citizenship and Immigration Canada
- 2. If the student is found in violation of school regulations and asked to withdraw from MA.

Tuition fees are to be paid in full as soon as the student has received the MA "Letter of Acceptance" for visa processing. In some cases, MA 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 MA for the course of study indicated in the "Letter of Acceptance". Again, the only exception is noted above.

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

I understand and agree with the information written above.			
Parent's Signature	 Date		
Student's Signature	Date		