



APPLICATION FORM

Photo

Application Checklist

- Application form
- Application Fee
- Copy of the passport
- Official transcript or report card for last 2 years, with official English translation
- Digital Passport Size Photo
- Custodian Declaration (International Students)
- Copy of Study Permit (If applicable)
- English Essay (150 words)

STUDENT INFORMATION

Last Name: _____ First Name: _____
English Name (If applicable): _____ Gender: Female Male
Day of birth.: _____ (YYYY/MM/DD) Nationality: _____
Status in Canada (if applicable): Citizen/Permanent Resident Study Permit Visitor
Current School: _____ Current Grade: _____
Applying for Intake in: September February Summer Program
Student Address: _____
City: _____ State/Province: _____
Country: _____ PC/Zip: _____
E-mail: _____

FAMILY INFORMATION

Mother's Name: _____ Phone Number: _____
Address: _____
City: _____ State/Province: _____ Country: _____
PC/Zip: _____ E-mail: _____
Father's Name: _____ Phone Number: _____
Address: _____
City: _____ State/Province: _____ Country: _____
PC/Zip: _____ E-mail: _____



LOWELL HIGH SCHOOL

EMERGENCY CONTACT IN CANADA

Name: _____ Relationship: _____ Phone Number: _____

Address: _____

City: _____ State/Province: _____ Country: _____

PC/Zip: _____ E-mail: _____

MEDICAL INSURANCE

Students are required to have medical insurance. It is the responsibility of the student to provide proof of adequate medical coverage. The parent/guardian or student (if over the age of 19), agree to assume responsibility for any injury resulting from participation in school activities. All school activities are sufficiently supervised to ensure the safety of all participants. The school is NOT responsible for any loss or injury by the student during travel to and from Lowell High School. Please see attached additional Acknowledgement of Activity Risk & Informed Consent Form.

I have my own medical insurance I require the school to arrange medical insurance

MEDICAL ALERT/ LEGAL ALERT

Do you have any medical, legal disability or legal condition that we need to be aware of?

Yes No If yes, please specify: _____

Doctor Name: _____ Phone: _____

Address: _____

Failure to disclose a medical or learning disability would result in immediate disqualification from the application process, or immediate membership review and /or withdrawal from Lowell High School with no refund granted.

Do you give school permission to provide Paracetamol/ Ibuprofen for minor headaches? Yes No

HOMESTAY AND CUSTODIANSHIP

Do you require homestay accommodation and/or custodianship while studying at Lowell High School?

Homestay: Yes No

Custodianship: Yes No

HOW DID YOU FIND OUT ABOUT OUR SCHOOL?

Friend _____ Media _____

Agency _____ Other _____



LOWELL HIGH SCHOOL REFUND POLICY

1. Any request for course or program withdraw tuition refund must be made by Tuition Refund Request Form of the school. The School reserves the right to inform the Canada Immigration of an international student's withdrawal or expulsion from school.
2. The amount of tuition refund is determined by the following regulations:
 - A. **Full Prepaid Tuition Fee**, minus a processing fee of \$350 CDN will be refunded to an international student whose visa application is rejected by Canadian Embassy outside of Canada. (The original letter or rejection is mandatory with the completed Tuition Refund Request Form.)
 - B. **1/2 of Prepaid Tuition Fee** will be refunded if a student withdraws prior to the start of the FIRST SEMESTER ONLY
 - C. **1/3 of Prepaid Tuition** will be refunded if a student withdraws within one week from the start of the FIRST SEMESTER ONLY.
 - D. **NO REFUND** will be granted to a:
 - Student who withdraws after one week from the start of the first semester at LHS.
 - Student who is expelled from LHS due to a violation of school policy.
 - Student who obtains a new or extended visa or study permit with our school letter.
 - Student who provides false information.
3. The school will determine individual specialized cases and will deal with accordingly.

Parent/Custodian's Initial: _____ Student's Initial: _____

I hereby certify that the information above is correct and complete. If I am accepted as a student at Lowell High School, I hereby agree to abide by all rules and regulations of the school as also outlined in **the Student Expectations Contract**.

I consent to having the personal information collected on this form. This information is required in order to register your child and assist the school in making an informed decision on your child's education program. It will also allow the school to respond immediately to an emergency. I have been informed that I may receive a copy of the Personal Information Protection Act [PIPA] policy that informs Lowell High School's student records requirements.

I give permission to have my child's photograph used to advertise and highlight student activity at Lowell High School.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____