



BEACON OF LIGHT PRIVATE ELEMENTARY SCHOOL
2191 GERRARD ST EAST M4E 2C6 TORONTO, ONTARIO
INSTITUTION # 668904
WEBSITE: WWW.BEACONSCHOOL.CA
CONTACT PHONE PRINCIPAL: 647-518-8652

INTERNATIONAL STUDENT APPLICATION FORM (ELEMENTARY SCHOOL)

Thank you for considering *Beacon of Light* Private Elementary School!

This document requires completion and submission with the most recent report card, and/or a current transcript translated into English and notarized, a recent photograph, as well as proof of proficiency in the English language (e.g., enrollment in an English school.)

Once a completed application is received, a phone interview will be arranged by the admissions staff; the conversation will provide the student with opportunities to learn more about the school, its programs, the teaching methods and overall culture. The school will arrange a diagnostic test upon registration should the student choose to attend.

Application and Admissions Deadlines for the academic year 2019/2020:

- December 15, 2019
- March 15, 2020
- Late applications and waitlist admission dates: ongoing

Application Checklist:

- completed form (including signatures where required)
- most recent report card and/or transcript translated into English and notarized
- a recent photograph
- evidence of English proficiency (copy of enrollment in an English school)
- payment of application fee

Principal Signature:

Date: 2020/01/23

STUDENT INFORMATION

FAMILY NAME (as on passport) _____

GIVEN NAME (S) _____

DATE OF BIRTH (MM/DD/YY) _____ GENDER _____

CITIZENSHIP _____

FULL HOME ADDRESS (as on passport) _____

FULL MAILING ADDRESS (if different than home address) _____

PARENT INFORMATION

FATHER:

FAMILY NAME (as on passport) _____

GIVEN NAME(S) _____

COUNTRY OF RESIDENCE _____ TIME ZONE _____

MOBILE PHONE (including country/city/area code) _____

WORK PHONE (including country/city/area code) _____

HOME ADDRESS/MAILING ADDRESS _____

E-MAIL ADDRESS _____

SIGNATURE: _____

MOTHER:

FAMILY NAME (as on passport) _____

GIVEN NAME(S) _____

COUNTRY OF RESIDENCE _____ TIME ZONE _____

MOBILE PHONE (including country/city/area code) _____

WORK PHONE (including country/city/area code) _____

HOME/MAILING ADDRESS _____

E-MAIL ADDRESS _____

SIGNATURE: _____

PROGRAM INFORMATION (FOR PARENT(S))

SCHOOL YEAR OF APPLICATION _____

GRADE OF APPLICATION _____

INTEREST IN SUMMER SCHOOL _____

PREVIOUS SCHOOL ATTENDED _____

-NAME/ADDRESS _____

-PERIOD (FROM – TO: MM/YY) _____ LEVEL ATTAINED _____

APPLICATION AGREEMENT

I/WE AGREE TO ENCLOSE THE INFORMATION REQUIRED IN THIS APPLICATION FORM AND WILL SUBMIT THE COMPLETED APPLICATION AND THE SUPPORTING DOCUMENTS TO *BEACON OF LIGHT* SCHOOL AS THE APPLICATION OF ADMISSION FOR MY CHILD FOR THE ACADEMIC YEAR _____.

BY SIGNING THIS FORM I/WE AFFIRM THAT THE INFORMATION PROVIDED IN THE APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

PRINT NAME OF PARENT: _____

(FATHER)

SIGNATURE OF PARENT: _____

PRINT NAME OF PARENT: _____

(MOTHER)

SIGNATURE OF PARENT: _____

DATE (MM/DD/YY): _____

TUITION FEE INFORMATION

PAYMENT NOTE:

- ALL FEES ARE QUOTED IN CANADIAN FUNDS, EFFECTIVE SEPTEMBER, 2018
- THE SCHOOL ACCEPTS WIRE TRANSFER, CERTIFIED CHEQUE, MONEY ORDER
- PAYMENTS RECEIVED IN CURRENCIES OTHER THAN CANADIAN DOLLARS WILL BE CONVERTED INTO CAD AT THE EXCHANGE RATE OF THE DAY THE MONEY IS DEPOSITED

REGISTRATION:

- A LETTER OF ACCEPTANCE WILL ONLY BE ISSUED AFTER THE TUITION AND REGISTRATION FEES ARE PAID ACCORDING TO THE FEE SCHEDULE AND A COMPLETE APPLICATION PACKAGE HAS BEEN RECEIVED
- ALL FEES, EXCEPT THE \$100 REGISTRATION FEE, ARE REFUNDABLE ONLY IF THE STUDENT APPLICATION FOR THE STUDY PERMIT IS REFUSED BY THE CANADIAN IMMIGRATION AUTHORITIES; ORIGINAL DOCUMENTATION OF THE DENIAL AND THE ORIGINAL LETTER OF ACCEPTANCE MUST BE SUBMITTED TO THE SCHOOL WITHIN 30/60 DAYS.

HEALTH INSURANCE:

- PROOF OF HEALTH INSURANCE MUST BE PROVIDED UPON REGISTRATION
- STUDENTS ARE REQUIRED TO BUY HEALTH INSURANCE FROM A CANADIAN PROVIDER (E.G., *MANULIFE*)
- THE SCHOOL CAN ASSIST FAMILIES IN ACQUIRING INSURANCE UPON REQUEST

GUARDIANSHIP:

- ALL STUDENTS UNDER 18 YEARS OLD ARE REQUIRED TO LIVE WITH A PARENT/BOTH PARENTS/LOCAL GUARDIAN WHILE STUDYING IN CANADA.
- PLEASE INDICATE BELOW THE TYPE OF LIVING ARRANGEMENT CHOSEN:
FATHER: _____ MOTHER: _____
BOTH PARENTS: _____
GUARDIAN: _____
- PLEASE INDICATE IF YOU REQUIRE A LOCAL GARDIAN

EXTRA COSTS:

- TEXTBOOKS AND SCHOOL SUPPLIES ARE NOT INCLUDED IN THE TUITION FEES
- FIELD TRIPS, OTHER SCHOOL ACTIVITIES, ARE

TUITION FEE SCHEDULE PER YEAR

SEMESTER	TOTAL FEE
SEMESTER 1 (4 MONTHS) SEPTEMBER TO DECEMBER, 2019	\$1000 MONTHLY FEE 4X1000= 4000 OPTION 1: DECEMBER, 2019 (4 MONTHS PAYMENT) OPTION 2: FULL REGISTRATION REFUNDABLE ONLY UPON CIC DENIAL
SEMESTER 2 (6 MONTHS) JANUARY TO JUNE, 2020	\$1000 MONTHLY FEE 6X1000= 6000 OPTION 1: MARCH, 2020 (6 MONTH PAYMENT) OPTION 2: FULL REGISTRATION REFUNDABLE ONLY UPON CIC DENIAL
REGISTRATION FEE	\$100 UPON REGISTRATION NON-REFUNDABLE
SCHOOL INCIDENTALS -TEXTBOOKS -SCHOOL SUPPLIES	-TBD (DEPENDING ON THE GRADE) - \$100
FRENCH (PER REQUEST)	\$40/HOUR
MUSIC (PER REQUEST)	\$35/HALF AN HOUR
ESL SUPPORT	\$20/HOUR (FLEXIBLE)
AFTER SCHOOL TUTORING (PER REQUEST)	\$20/HOUR (FLEXIBLE)
SUMMER SCHOOL (1/2 MONTHS) (PER REQUEST)	REGULAR MONTHLY FEE
	SCHOOL FEES 100% REFUNDABLE ONLY UPON CIC DENIAL

I/WE CONFIRM HAVING RECEIVED AND READ THE ATTACHED TUITION FEE SCHEDULE AND UNDERSTAND THE APPLICATION FEE IS NON-REFUNDABLE; I/WE CONFIRM THAT UPON REGISTRATION OF MY/OUR CHILD WITH THE SCHOOL, I/WE WILL PAY THE TUITION FEES ACCORDING TO THE FEE SCHEDULE.

I/WE UNDERSTAND THAT THE TUITION FEE IS REFUNDABLE **ONLY** IF CANADIAN IMMIGRATION AUTHORITIES DENY MY/OUR CHILD'S STUDY PERMIT APPLICATION. I/WE UNDERSTAND THAT I/WE ARE RESPONSIBLE TO PROVIDE THE SCHOOL THE ORIGINAL DOCUMENTATION OF SUCH DENIAL WITHIN 30/60 DAYS.

I/WE UNDERSTAND THAT FEES ARE DUE WHEN INVOICED AND THAT LATE CHARGES OF 1% MONTHLY INTEREST MAY BE APPLIED TO PAYMENTS NOT RECEIVED WITHIN 30 DAYS.

PRINT NAME OF PARENT: _____
(Father)

SIGNATURE OF PARENT: _____

PRINT NAME OF PARENT: _____
(Mother)

SIGNATURE OF PARENT: _____

DATE (MM/DD/YY): _____