

Student Renewal Academic Application



International Education Services

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RENEWAL A	PPLICATION DEA	ADLINE: APR	IL 30, 2022		
I AM RETURNING	1 SEMESTER 2 SEMESTERS	ELEMENTARY SECONDARY	I AM NOT RETURNING RE	ASON FOR NOT RETURNING:	
TUDENT INFOR	MATION				
AST NAME	FIRS	T NAME	PREFE	RRED NAME	
MALE DATE OF E	BIRTH (DD/MM/YYYY) AGE	EMAIL ADDRE	SS		
DDRESS (IN CANADA)		CITY	POSTAL CODE	STUDENT MAIN TELEPHON	E
STUDENTRESIDI PARENT RELAT		APPROVED HC	MESTAY PROVIDER :	CANADA HOMESTAY MLI HOMESTAY	
AST NAME	FIRST NAME	TELEPHONE	EMAIL ADDRE	SS	
CHOOL INFORM	1ATION				
RETURNING NAME (OF SCHOOL		GRADE I	N RENEWING SCHOOL YEAR	
	ORMATION (REQU				
·				M IF THERE IS A CHANGE OF CUST	ODIAN)
CURRENT LAST NA	AME	FIRST NAME		RELATIONSHIP TO STUDENT	
TREET ADDRESS		'	CITY	POSTAL CODE	
MAIL ADDRESS			PRIMARY TEL	EPHONE NUMBER	
erms and Condition	o ns DSB web page for the T	erms and Conditio	ons of Participation		
				uition (\$7650), Medical Insura on (\$15,300), Medical Insurar	
) Within Canada, pay lease write the stude nternational Educatio) Outside of Canada,	ent's name, and date of on Services, York Region payment by electronic	oank draft or cert birth on the back District School Bo wire transfer must	ified cheque payable to to of the bank draft, and ser pard, 36 Regatta Ave., Rich be made via the Western		ent Portal
Refund Policy Please refer to the YR	DSB website for the Ref	und Policy.			
SIGNATURE					
ignature of student:		DATE	SIGNATURE OF PARENT/CUSTO	DIAN: DATE	