

Student Renewal Academic Application



International Education Services 36 Regatta Avenue

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				ill, ON L4E 4R1 C ca/international	anada	Fax: (905) 773-2406 admissions@yrdsb.ca	
RENEWAL	APPLICATION	DEADLINE	: OCTOB	ER 31, 2022			
	1 SEMESTER	ELEMENT	ARY I	I AM NOT RETURNING REASON FOR NOT RETURNING:			
I AM RETURNING	2 SEMESTERS	SECONDA	ARY				
	ORMATION						
AST NAME		FIRST NAME		PREFERRED NAME			
	OF BIRTH (DD/MM/YYYY)	AGE EM	AIL ADDRESS				
FEMALE	/ /			POSTAL C			
ADDRESS (IN CANADA)					LODE	STUDENT MAIN TELEPHONE	
	DES WITH: ATIVE FAMILY FI			TAY PROVIDER :	ML	NADA HOMESTAY I HOMESTAY	
AST NAME			ELEPHONE	EMAIL AE	DDRESS		
CHOOL INFO	RMATION						
RETURNING	ME OF SCHOOL			GRA	ADE IN RENEV	VING SCHOOL YEAR	
	NFORMATION (R	equired in	ALL CASE	S)			
NEW CUSTODIAN	(NOTARIZED CUSTODIAN	SHIP DECLARATIO	on forms mus	T ACCOMPANY THIS	FORM IF TH	HERE IS A CHANGE OF CUSTODIAN)	
LAS	T NAME	FI	RST NAME		RELATI	ONSHIP TO STUDENT	
STREET ADDRESS		I		CITY		POSTAL CODE	
EMAIL ADDRESS				PRIMAR	y telephone	I NUMBER	
Fee Schedule <mark>One Semester</mark> - Feb	YRDSB web page for pruary 2023 to June 20)23: <mark>\$7,975</mark> (in	cludes: Regist	ration (\$100), Tui		50), Medical Insurance (\$225)) 15,300), Medical Insurance (\$4	
Payment (required	d at the time of renew	al and paid in	Canadian cur	rency)			

- 1) Within Canada visit the Flywire (Domestic) secure payment portal to make a payment by bill payment, wire transfer, or credit/ debit card.
- 2) Outside of Canada visit the Flywire (International) secure payment portal to make a payment. This approved and reliable service allows you to pay in local currency ensuring payments will be received on time and in full.

Refund Policy

Please refer to the YRDSB website for the Refund Policy.

SIGNATURE

SIGNATURE OF STUDENT:	DATE	SIGNATURE OF PARENT/CUSTODIAN:	DATE

COMPLETED RENEWAL DOCUMENTS WILL BE SENT BY EMAIL TO THE STUDENT'S SCHOOL GAPPS EMAIL ACCOUNT