



YORKVILLE ACADEMY

Address: Unit 506 3621 Hwy 7 E, Markham, ON L3R 0G6 / Email: info@yorkvilledu.com



FULL TIME PART TIME

PROGRAM CHOICE

Course Name:	Start Date:

PAYMENTS AND REFUND POLICIES

A. School Policy

1. The application fee is non-refundable and should be submitted with the completed application Form and other documents.
2. All tuition fee and other fees (if applicable) should be paid in full before the first week of the semester. For those students who pay the fee later than the first week of the semester, a \$30 late charge will be applied to each selected course. If tuition fees are paid after 2 weeks of the semester, a \$60 late charge will applied to each selected course. If tuition fees are paid after 3 weeks of the semester, a \$100 late charge will apply to each selected course. Fees can be paid by cash, cheque, certified cheque, or bank draft. There will be a CAD\$40 charge for any returned cheques, and the subsequent school fees will be accepted in cash only.
3. All fees are non-transferable under any conditions.

B. Refund Policy

1. If a student decides to drop a course for a valid reason before or within the first week of the semester, 70% of the Tuition fee will be refunded. If the student drops out within two weeks, 50% of the Tuition Fee will be refunded. After two weeks of the semester, there will be no refund.
2. In the event that a Letter of Acceptance is issued on behalf of a student for visa or passport extension purposes, there will be no tuition refund unless the extension is rejected. Proof from Canadian Immigration or Embassies must be provided in order to receive a refund.
3. If a student is granted a student visa and decides not to study at our school, there will be no tuition refund under any conditions.

I agree to follow the above policy and I am willing to abide by the regulations set up by the School thereafter.

Student Signature

Date

Signature of parents/Guardians (if applicant below 18 years of age)

Date:



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STUDENT INFORMATION

Last Name	First Name	Date of Birth
Grade:	OUAC #	OEN #
		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Street #, Street Name		Town / City
Province ONT	Postal Code	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Other
Contact Cell #:		
E-mail:		

PARENTS/ GUARDIAN INFORMATION (IF UNDER 18)

First Parent/Guardian

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship
Name(Family Name, First Name)	
Home Phone #	Cellular #

EDUCATIONAL BACKGROUND

Is the student currently attending school? Yes No

If Yes, Name of School	Address of School
Phone Number Of School	School Board

EMERGENCY INFORMATION

Emergency Contact Name	Relationship	Contact Phone #
Contact Cell #	Contact Other #	