



FOR DSBN OFFICE USE ONLY:

School Placement:

Grade Placement:

School-year Placement:

# Returning International Student Application Form 2017-2018

Students returning for a renewed study period to the DSBN must complete and submit this form  
(processes are subject to change)

## STEP 1

Fully complete this Returning Student Application Form (or apply online at [dsbn.org/international](http://dsbn.org/international)) and submit to:

[international@dsbn.org](mailto:international@dsbn.org).

Also, please email the following supporting documents when received. You will not be allowed to start school without them:

- Valid study permit covering the new study period;
- Copy of the previous or the originals of any new notarized custodianship documents (for minors) that will be effective for the new study period.
- Proof of Canadian healthcare insurance in effect for duration of new study period.

## STEP 2

Upon receipt of a completed Returning Student Application and the returning student non-refundable application/admin fee of CAD\$150, DSBN will issue:

- An updated Letter of Acceptance for new study period
- Invoice for fees to be paid in full by April 30 or paid in two equal instalments by April 30 and Dec 1 for full-year attendance.

Payment may be made via any of the following ways:

- Credit card authorization (preferred)
- Wire transfer to DSBN
- Certified cheque or bank draft or money order;
- Cash
- e) Debit

DATE OF APPLICATION Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Due Dates: April 30 for September start OR December 1 for February start

## STUDENT'S INFORMATION

I am a Returning Student to DSBN ☐

GENDER:

Male ☐

Female ☐

STUDENT'S EMAIL ADDRESS:

SURNAME (Family Name):

FIRST NAME(S):

ENGLISH NAME (If applicable):

DATE OF BIRTH: (dd/mm/yyyy)

LAST SCHOOL ATTENDED AT THE DSBN:

GRADE:

## PARENTS' INFORMATION

STUDENT'S / FAMILY'S PERMANENT ADDRESS IN HOME COUNTRY:

Street Address \_\_\_\_\_

District \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Country \_\_\_\_\_

Postal Code \_\_\_\_\_

FATHER'S FULL NAME - Surname / First Name(s):

MOTHER'S FULL NAME - Surname / First Name(s):

FATHER'S PRIMARY TELEPHONE NUMBER (Include country & area codes):

MOTHER'S PRIMARY TELEPHONE NUMBER (Include country & area codes):

PARENTS' PRIMARY EMAIL ADDRESS:

## PROGRAM INFORMATION

CHECK THE APPROPRIATE BOX BELOW FOR THE REQUESTED PROGRAM:

SECONDARY SCHOOL: ☐ FULL YEAR - Sep-Jun

☐ SEMESTER ONE - Sep-Jan

☐ SEMESTER TWO - Feb-Jun

ELEMENTARY SCHOOL: ☐ FULL YEAR - Sep-Jun

☐ HALF YEAR - Sep-Jan

☐ HALF YEAR - Feb-Jun

**HOMESTAY INFORMATION (OR Address Where You Will be Residing)**

NAME OF THE HOST FAMILY CONTACT (If Applicable)

SURNAME:

FIRST NAME:

ADDRESS OF HOST FAMILY (or address where you will be residing) \_\_\_\_\_

TELEPHONE NO. OF HOST FAMILY: \_\_\_\_\_ EMAIL ADDRESS OF HOST FAMILY: \_\_\_\_\_

**NOTE:** Student's homestay or residential address in Niagara must be within the stated boundaries of the Regular or ESL-Site school attended.**CUSTODIANSHIP INFORMATION**

A Custodian is required if student is a minor (under 18 years of age) living in Ontario and not living with a parent/guardian. The Custodian must be a Canadian citizen or permanent resident of Canada aged 19 years or over and must live within a reasonable distance from the student. A Custodianship Declaration must be made by the parents/guardians and by the named custodian and the documents must be notarized.

NAME OF CUSTODIAN:

SURNAME:

GIVEN NAME(S):

FULL ADDRESS OF CUSTODIAN:

TEL. NO. OF CUSTODIAN:

RELATIONSHIP TO STUDENT:

**SERVICE PROVIDER (AGENT) INFORMATION (Complete this only if student was originally referred by an "agent")**

NAME OF SERVICE PROVIDER ORGANIZATION: \_\_\_\_\_

**LETTER OF ACCEPTANCE**

The official Letter of Acceptance (LOA) will be issued by the DSBN within one week of receiving complete information on the Returning International Student Application form and the documents requested. If you need the original copy of the LOA to be mailed, please indicate the option below. Should a 3-day courier service be requested for delivery of the original LOA, a courier fee of CAD\$100 will be assessed and must be submitted along with the application fee. A PDF of the LOA will also be sent to the recipient checked below.

☐ Mail original LOA to Parents' permanent address in home country
**OR**
☐ Mail original LOA to Service Provider's mailing address (if applicable)

☐ Mail original LOA to Homestay Family's Local Niagara Address

**AND** ☐ Mail original LOA by 3-day courier (if applicable) to the recipient checked-off above
**HEALTHCARE INSURANCE COVERAGE IN CANADA**

I acknowledge that it is my responsibility as the student, or that of my parents (if I am a minor), to purchase and maintain adequate healthcare insurance coverage effective in Canada for the period of enrolment at the DSBN. A copy of the insurance certificate must be submitted along with this application form to the DSBN. I acknowledge, also, that it is my responsibility, or that of my parents (if I am a minor), to renew my healthcare insurance coverage and maintain it in the event my study permit from CIC and my attendance at the DSBN is extended in accordance with a renewed Letter of Acceptance. Initials of Student or Parent/Guardian (if student is a minor) \_\_\_\_\_

**APPLICANT'S SIGNATURE**

Signature of Student or Parent/Guardian (if student is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONS FOR PAYMENT (Make payment in accordance with DSBN Invoice issued for fees)****Credit Card Authorization (complete this if using credit card)**Card Type: ☐ MasterCard ☐ Visa

Card No.: \_\_\_\_\_

Card Expiry (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Validation Code (on back of card) \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

☐ **Bank Wire Transfer**

Name of Account:

**District School Board of Niagara**

Bank No.: 00010

Transit No.: 00172

Account No.: 83-49819

Swift Code: CIBCCATT

C.I.B.C, 45 King St., St. Catharines

Ontario, Canada L2R 6S2

Add \$15 to total fees being transferred to cover bank service chg

☐ **Cash, or Certified Cheque or Bank Draft or Money Order** payable to the **District School Board of Niagara**

Submit in person or mail to:

**Wendy Campbell, Finance Dept**

District School Board of Niagara

191 Carlton St., St. Catharines,

Ontario, Canada L2R 7P4

*Write student name in Memo*