



C.I.A.

Capital International Academy. Ottawa

+1(613)608-0724 / +1(613)860-2666

Jaymeng.cia@gmail.com / kelvinwan.cia@gmail.com

UNIT G2, 1390 Prince of Wales DR., Ottawa, ON, Canada

ENROLLMENT APPLICATION

Student Information

Mr.	Ms. Last Name	First Name	English Name
Nationality		Native Language (if applicable)	
Date of Birth			
Address		Province	Country
Status in Canada	Citizen/Landed Immigrant	International Student	
Nationality	Native Language	Facebook/WeChat	

Parent Information

Father's Name	Cell	Email
Mother's Name	Cell	Email
Address	Province	Country

Emergency Contact (in Canada)

Name	Relation to Student	Cell
Email	Address	

Guardian/Custodian

Name	Tel	Cell
Email	Address	
Facebook/Wechat		

Education History

Current School		
School Website		
Country		
From	To	Last Grade Completed



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Enrollment

Grade 10

Grade 11

Grade 12

Undergraduate Preparation Program

Intake School Year: January 20

May 20

Sept 20

Medical Insurance

Students are required to have medical Insurance. It is the student's responsibility to provide proof of adequate medical coverage. The parent/guardian or student (if over 19) agrees to assume responsibility for any injury resulting from participating in school activities. The school is not responsible for any loss or injury by the student while he travels to or from the school.

I have my own medical insurance.

I require the school to arrange medical insurance

How did you find out school?

Friend

Internet

Newspaper

Other source

Agent (if applicable)

Refund Policy

Full tuition fee will be refunded if the student fails to obtain the student visa.

1/2 of the tuition fee will be refunded if the student withdraws prior to the start of the program.

1/3 of the tuition fee will be refunded if the student withdraws within 15 days after the program starts.

The tuition fee will not be refunded under the following circumstances:

- 1) Student obtains the Student Permit by use of the school's Letter of Acceptance
- 2) Student is expelled from the school

I hereby certify that the information above is accurate. I hereby agree to abide by all rules and regulations of the school.

I consent to having the personal information collected on this form.

I give permission to school to use my child's photography in school's promotional material.

Parent/Guardian Signature

Date

Student Signature

Date