

# **ACE ACUMEN HEIGHTS**

BSID 884091

102 -1440 Don Mills Rd. Toronto, Ontario, Canada M3B 3M1 Tel: 1-416-756-7227 | Fax: 1-416-756-2732

Email:International@aahs.ca | Website: http://www.aahs.ca



## INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

## **STUDENT INFORMATION**

		,		()
Fam	y Name		Given Name	English Name (if any)
Gender	ale 🗌 Female	Other	Date of Birth	Year Month Day
Current Status in Ca	nada: 🛘 Citizen [	☐ Permanent l	Resident 🔲 Stu	dent Visa D Visitor
Phone		_ Email		
Social Media ID			Facebook	pe
Address (in home co	ountry)			
City / Province		Postal Code		Country
Address (in Canada				
City / Province		_Postal Code		CountryCanada
PARENT INFORMA	TION			
Father				
Phone		Emai	l	
Social Media ID			Facebook □Sk	ype
Mother				
Phone		Emai	l	
Social Media ID			Facebook Sky	pe WeChat Kakao Line Other
EMERGENCY CON	TACT IN CANADA			
Guardian	Pr	none		Email
Address				

### **EDUCATION HISTORY**

Name of Previous School		OEN# (Atter	nded school i	n Ontario):
City Countr	yFrom:_		To:	
PROGRAMS INFORMATION		Month Ye	ar	Month Year
☐ University Express Pathway (U	EP)	☐Part Time	Course (CC)	
Ontario Secondary School Diplo	ma (OSSD)	Online Co	urse (OL)	
Course Code				<del> </del>
GRADE PLAN ENROLL INFORMA	ATION			
Grade 7 Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
PROGRAM TERMS				
September To November	☐ December To March	☐ March	To June	☐ July To August
MEDICAL INSURANCE Students are required to have medical insurance. The school can provide the opportunity for medical insurance through a group policy if so desired. Otherwise, it is the responsibility of the student to provide proof of adequate medical coverage. The parent/guardian or student (if over the age of 19), agree to assume responsibility for any injury resulting from participation in school activities. All school activities are sufficiently supervised to ensure the safety of all participants. The school is not responsible for any loss or injury by the student during travel to and from Ace Acumen Heights.  I have my own medical insurance (please submit copy)  I require the school to arrange medical insurance  Health Card #:  MEDICAL ALERT / LEGAL ALERT				
Do you have any medical or legal co	ondition that we need to be	e aware of?		
☐ No ☐ Yes Please specify _				
Doctor Name: P	hone <u>:</u>	_Address:		
Medical Conditions:   EPI PEN				
•				— Gaotodianomp
HOW DID YOU FIND OUT ABOUT OUR SCHOOL?  Friend Media Agent				
Name of friend	Name o	<u> </u>	■ Ayent	Name of agent

#### ACE ACUMEN HEIGHTS CODE OF CONDUCT

- 1. Ace Acumen Heights is dedicated to providing exceptional educational opportunities for International Students. To facilitate this commitment, all International Students, regardless of age, must adhere to the following conditions:
- Students must obey the laws of Canada and the Province of Ontario, as well as follow the policies and procedures of Ace Acumen Heights and the specific campus in which they are enrolled.
- 3. The student, parent/guardian or CIC custodian must contact the International Students and Admissions Office and Ace Acumen Heights if the student changes address in Canada or changes CIC custodian.
- 4. Students must maintain a full-time schedule, completing no fewer than 8 courses each year. The grade level for a student's course selection will depend on the results of the Assessment Tests conducted before registration at the designated school. Timely arrival to classes is essential as a sign of respect for fellow students and teachers, as well as for the learning environment. Students must always present their own original work, avoiding any form of cheating or plagiarism.
- 5. The use of any form of smoking, including tobacco and e-cigarettes, is strictly prohibited. Bringing the smell of smoke into the school or classrooms is also not allowed.
- 6. The student's educational information may be shared with the parent/guardian, CIC custodian, and Ace Acumen Heights staff to provide necessary guidance and support for the student's success.
- 7. Any inaccuracies in the application or failure to comply with the above conditions may result in immediate dismissal from Ace Acumen Heights, with no refund of tuition fees.

Parent / Guardian Initial:	Student Initial:	

### ACE ACUMEN HEIGHTS INTERNATIONAL STUDENT REFUND POLICY

(must be acknowledged, signed and dated by the student (if over age 18) and the parent(s))

A refund will only be issued if a student is refused a Study Permit by Immigration, Refugees & Citizenship Canada (IRCC). Under no other circumstances will a refund be issued.

**STUDY PERMIT REFUSAL REFUND:** A tuition fee refund (minus a \$200 administrative fee) will be granted if Immigration, Refugees and Citizenship Canada (IRCC) does not issue a study permit to the student. To obtain a tuition fee refund, the student must submit the following documents within sixty (60) calendar days from the issue date of the original refusal letter from IRCC:

- A copy of the original letter of refusal received from IRCC.
- A copy of the Ace Acumen Heights Official Letter of Acceptance.
- A copy of the original receipt of tuition payment.
- A completed and signed Refund Request Form from the parent/guardian or adult student (18 years of age or older).

Families and students should contact the International Admissions office as soon as they know that the study permit application of the student has been rejected by IRCC, either to request a refund or a deferral. No refund will be granted if the family/student fails to submit the required documents within sixty (60) days from the issue date of the original refusal letter from IRCC.

If the student's deferral request has been granted, a new refusal letter from IRCC will be needed to qualify for a full tuition refund. **Please note:** There will be **NO** refund of the tuition fee for the entire pay period in the following circumstances:

- If the student withdraws after the commencement of Ace Acumen Heights courses.
- If the student withdraws for reasons other than study permit refusal.
- If the student is found in violation of Ace Acumen Heights's policies and procedures.

If false or fraudulent information was provided, including providing false medical information or non-disclosure of medical conditions or prescribed medications in the Student Application Form.

I/We have read, acknowledge and agree to the Refund Policy.

Student Signature:

Parent / Guardian Initial: ————	—Student Initial: ————

I hereby certify that the information above is correct and complete. If I am accepted as a student at Ace Acumen Heights, I hereby agree to abide by all rules and regulations of the school.

I consent to having the personal information collected on this form. This information is required in order to register your child and assist the school in making an informed decision on your child's education program. It will also allow the school to respond immediately to an emergency. I have been informed that I may receive a copy of the Personal Information Protection Act [PIPA] policy that informs Ace Acumen Heights's student records requirements.

I give permission to have my child's photograph used to advertise and highlight students at AAH.

Check this box to confirm your consent to receive our newsletters containing news and information about courses, program and other opportunities offered by Ace Acumen Heights. You can unsubscribe at any time.				
Parent / Guardian Signature: _	Date:			

Date: