

## Oxford International Halifax Application Form

*(Both sides of this form must be completed by the student)*

Personal Information (please print clearly)			
First Name:	Middle Name (s):	Family Name:	Preferred Given Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (MM/DD/YY) /    /	Nationality:	Native Language:
Visa Type: Study <input type="checkbox"/> Visitor <input type="checkbox"/> Immigrant <input type="checkbox"/> Working Holiday <input type="checkbox"/>		Passport #:	
Stay in Canada: (MM/DD/YY)    From    /    /    to    /    /		Agent Name:	
Present Address			
Street:		City:	Province/State:
Country:	Postal Code:	Tel:	E-mail:
Permanent Address (Where your family lives)			
Street:		City:	Province/State:
Country:	Postal Code:	Tel:	E-mail:
Fax:			
Emergency Contact			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Name:		Relationship:
Street:		City:	Province/State:
Country:	Postal Code:	Tel:	E-mail:
Fax:			
Program Choices			
Start Date: (MM/DD/YY) /    /		Length: _____ (weeks)	
English Language Skills - What is your own assessment of the present level of your skills in English?			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input type="checkbox"/> Native Speaker		
<b>General English Courses: (applicants must be 16 years or older)</b>			
<input type="checkbox"/> Morning (20 lessons per week)			
<input type="checkbox"/> Semi-Intensive (26 lessons per week) <input type="checkbox"/> English for Parents			
<input type="checkbox"/> Intensive (30 lessons per week)			
<input type="checkbox"/> Super-Intensive (40 lessons per week)			
<input type="checkbox"/> Afternoon (20 lessons per week)			
<b>Pathway</b>			
<input type="checkbox"/> UCP 300			
<input type="checkbox"/> UCP 400			
<input type="checkbox"/> UCP 500			
<input type="checkbox"/> PGP 600			

## Additional Services

Accommodations:  Homestay (Full Board)     Homestay (Half Board)  
 Residence \_\_\_\_\_ (please specify)  
 No Accommodations (please include your Canadian address below)  
 \_\_\_\_\_  
 \_\_\_\_\_

Arrival Date: (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Departure Date: (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you a smoker?     Yes     No  
 Do you have any special requests related to medical condition, allergies or diet?  
 If Yes, which?     Yes     No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Requests cannot be guaranteed

STUDENT GUARD Medical Insurance:    **\*Medical insurance is mandatory\***  
 Yes     No    Start: (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Finish: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 If NO, please indicate Insurance Company and Policy Number  
 \_\_\_\_\_

Airport Reception:  
 Yes     No    Airline: \_\_\_\_\_ Flight # \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

Airport Drop-Off:  
 Yes     No    Airline: \_\_\_\_\_ Flight # \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

State of Health:  
 Illnesses?:     Yes     No    Specify: \_\_\_\_\_  
 Allergies?:     Yes     No    Specify: \_\_\_\_\_  
 Medication?:     Yes     No    Specify: \_\_\_\_\_  
 Food Exemptions?     Yes     No    Specify: \_\_\_\_\_  
 Other?:     Yes     No    Specify: \_\_\_\_\_

## Consent and Acknowledgement

I hereby register for this program declaring, to the best of my knowledge, that all information on this application form is correct. I will notify the school immediately in the event of any changes to any of this information. I have read and agree to abide by the school's Dispute Resolution, Dismissal and Refund Policies which apply to my program(s) in addition to the Homestay regulations (available upon request) and all other school Accommodation regulations. I also understand that in the event I am registering through a representative or an educational agency, they may receive compensation from the school. I understand that Oxford International Halifax assumes no responsibility for any representations, warranties, or agreements made on its behalf which are not solely contained in printed material produced by Oxford International Halifax. I understand that Oxford International Halifax collects, retains, and uses personal information in accordance to the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Oxford International Halifax Information and Privacy Code. I am agreeing to the collection, retention, and use of my personal information by Oxford International Halifax.

I give Immigration, Refugees and Citizenship Canada permission to release any information regarding the status of my Visitor Visa and/or Study Permit.     Yes     No

I give the school permission to release any information regarding my program to my educational agent and/or family member.     Yes     No

Applicant or Parent / Legal Guardian Signature \_\_\_\_\_      Date: (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parent/Legal Guardian Consent

This section must be completed by the parent or legal guardian of any student under 18 years of age. The participant agrees to participate in the entire program and will follow safety instructions and all School and Host Family Rules and Regulations. The parent or legal guardian also authorizes the school and/or the Host Family to attain medical treatment for the participant in the event it is required and agrees to the decisions and instructions given. It is understood that the school and the host family are not responsible for any medical instructions, decisions and expenses.

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Name: _____		Relationship: _____
Street: _____	City: _____	Province/State: _____	Country: _____
Postal Code: _____	Tel: _____	Fax: _____	E-mail: _____

Applicant or Parent / Legal Guardian Signature \_\_\_\_\_      Date: (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Refund Policy

Our refund policy is listed below and is also included in our Student Handbook. Students must provide written notification to the Admissions Manager (or School Director, if the Manager is not available) if they would like to request a refund. The Admissions Manager will review the refund policy to determine if the student is eligible to receive a refund and will provide written notification of any allowable refund, or any reasoning for denial of a refund (based on the terms listed below).

Refunds are returned to the student by cheque or wire transfer, depending on the original form of payment. Refunds are returned to the original payee (agent, parent, student), unless written authorization to direct funds elsewhere is provided by the original payer.

A \$110.00 cancellation fee will apply to all refund requests.

Special Programs may include, but are not limited to, Summer Groups, English for Parents, and TEYL.

Refund Policy Before Original Registration Date and/or First Day at Oxford International Halifax:

- Registration Fee and Homestay/Accommodation Placement Fee are non-refundable.

- The first 2 weeks of homestay are non-refundable.

- Special promotions and programs are non-refundable.

**Reason (written notification required)**

Visa Refusal (letter must be provided within 30 days)

Other reason (14 days +)

Other reason (1-13 days)

**Refund (paid within 30 days of written notification)**

100% of tuition fees

80% of tuition fees

60% of tuition fees

Refund Policy On or After First Day at Oxford International Halifax:

- Registration Fee and Homestay/Accommodation Placement Fee are non-refundable.

- The first 28 days of homestay fees are non-refundable for students who have arrived in the homestay program.

**% of Registration complete when written notification received**

Visa Refusal (Refusal letter must be provided)

UCP, Special Promotions & Programs

Up to 10% of program completion

11% - 30% of program completion

31% + of program completion

**Refund (paid within 30 days of written notification)**

100% of tuition fees

No refund

50% of unused tuition fees

30% of unused tuition fees

No refund