



Mississauga Secondary Academy

Tel: 905.232.0672 Fax: 905.232.1672
 E-mail: info@msaschool.com
 Website: www.msaschool.com
 240-33 City Centre Dr., Mississauga, ON., L5B2N5

Application Form

Office Use:

A. Personal Details:

Last Name (as shown in passport)		First Name (as shown in passport)		Preferred Name	Nationality
Gender	Date of Birth (YYYY/MM/DD)	Home Address		City	Postal Code
Cell Phone	E-mail	Mailing Address (if different from above)		City	Postal Code
Status ▶	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Student <input type="checkbox"/> Other _____				
Please fill it if you are the Visa Student ▶	Passport Number	Passport Expiry Date	Study Permit Expiry Date	Your First Date of Arrival	
Marital Status ▶	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				

B. Parent/Guardian/Emergency Contact:

Mother	Phone	E-mail	Address	
Father	Phone	E-mail	Address	
Guardian/Emergency Contact Person (Please Print)		Relationship	Phone	Children who are less than 18 years of age and come to Canada to study without being accompanied by a parent or legal guardian must be cared for by a responsible adult in Canada. Please contact MSA student service office to arrange a guardian.
Address (if different from the applicant)			E-mail	

C. Education Background:

Name & Address & Fax of Previous School	From (YYYY/MM)	To(YYYY/MM)	Grade	Certificate or Diploma Obtained?
English Language Proficiency (please provide your score if applicable)				
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", What is your first language?	TOEFL	IELTS	Others _____

D. Academic Course/Semester Applying For:

OSSD (Ontario Secondary School Diploma Program)					
<input type="checkbox"/> Full – Time		<input type="checkbox"/> Part – Time			
<input type="checkbox"/> Grade 09		<input type="checkbox"/> Grade 10		<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12	
Course Code	Course Name	Course Code	Course Name		
Course Code	Course Name	Course Code	Course Name		
Please indicate the YEAR & SEMESTER you wish to begin your studies					
20_____	<input type="checkbox"/> Feb.	<input type="checkbox"/> Apr.	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep. <input type="checkbox"/> Nov.



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E. Special Health Information:

Please indicate your difficulties:	
<input type="checkbox"/> Heart	<input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> Other _____ <input type="checkbox"/> None
Please indicate how we can help you:	

G. Terms and Conditions:

- ❖ I acknowledge that, I am required to maintain a regular class attendance of 110 hours in order to acquire a full credit course; 55 hours for a half credit course.
- ❖ I acknowledge that, prerequisite for courses I take at MSA need to be provided (previous Report Card and/or Transcript) to obtain credit(s).
- ❖ I accept the administration/registration fee; \$65.⁰⁰ for part-time registration; or \$300.⁰⁰ for full-time registration.
- ❖ I acknowledge that, application/registration fees and other administrative fees are non-refundable; and are not included in the tuition fee.
- ❖ I acknowledge that, tuition and/or application fees are to be paid in full minimum 14 days before the course/semester starts.
- ❖ Fees may be paid by cheque, cash, bank draft, money order, credit card, or debit card.
- ❖ Cheque/Bank Draft/Money Order is to be made payable to **Mississauga Secondary Academy**.
- ❖ I acknowledge that, there will be a \$50.⁰⁰ charge for NFS cheques.
- ❖ I acknowledge that, fees are none transferable.
- ❖ I acknowledge that, tuition fees must be used within one year of the first payment date.
- ❖ I accept that, a refund of the tuition will **NOT** be granted after the first week of the course(s)/semester(s)/academic year start date. If applicable, 70% of the tuition fee will be refunded upon withdrawal of course(s)/semester(s) within the first week of the start date.
- ❖ I acknowledge that, any student that violates Mississauga Secondary Academy's rules and regulations will consequently get expelled and will not be eligible for any refund.
- ❖ I acknowledge that, fees not paid within 30 days of and/or after the **Due Date** will be subject to an interest charge of 1.5% every month.
- ❖ If applicable, Refund Request Form (MSA4.3) from the course(s)/semester(s)/academic year must be made to Mississauga Secondary Academy in writing and the following documents are required to process a refund of the tuition:
 - The original copy of the student's completed **Refund Request Form MSA4.3**; and
 - The original copy of the tuition fee receipt issued by Mississauga Secondary Academy.
- ❖ If an international applicant is refused a study permit or a temporary resident VISA, the applicant will receive a full refund of the tuition fee. In order to be eligible for a refund, the following documents are required:
 - Proof of VISA rejection, issued by the Canadian Immigration or Embassy; and
 - A letter in writing of the student's request including the original acceptance letter and all receipts issued by MSA.
- ❖ I acknowledge that, the refund process takes 4 - 6 weeks after the amount approved.
- ❖ I acknowledge that, fees are subject to change without notice.
- ❖ I give Mississauga Secondary Academy permission to obtain any educational and/or medical records from the educational institution that I am currently attending or have previously attended.
- ❖ I acknowledge that, I am responsible for reading the MSA student handbook and school policy where can be found at front desk.
- ❖ I agree to abide by all of Mississauga Secondary Academy's policies.
- ❖ I understand and accept the payment and refund policies of Mississauga Secondary Academy.
- ❖ I hereby declare that the information given in this application form is complete and correct to the best of my knowledge.
- ❖ **By signing this form, I am accepting all of the above statements.**

Applicant's Name (Please Print)	Applicant's Signature	Date
Parent's/Guardian's Name (Please Print) (if an applicant is under 18 years old)	Parent's/Guardian's Signature (if an applicant is under 18 years of age)	Date