



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

**[181015] Application Form I
 Credit – Full time / Part time**

Office Use:

A. Personal Information:

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	<i>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.</i>	
Address (if different from the applicant)		E-mail			

C. Educational Background:

Name of Previous School	From (YYYY/MM)	To (YYYY/MM)	Grade	Certificate or Diploma Obtained?
Address of Previous School	Contact Number	Fax	Email	

D. Academic Course(s) Selection:

OSSD (Ontario Secondary School Diploma Program)													
<input type="checkbox"/> FULL – TIME		<input type="checkbox"/> PART – TIME		<input type="checkbox"/> Day School		<input type="checkbox"/> Night School		<input type="checkbox"/> SUMMER		<input type="checkbox"/> July		<input type="checkbox"/> August	
<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 Needs:

Please indicate your difficulties:
Please indicate how we can help you better:

F. Terms and Conditions (Please review and sign the following statements, ask our staff if you have questions):

Course Related

- I acknowledge that, prerequisites for courses I take at MSA need to be provided (previous Report Card and/or Transcript) to obtain credit(s).
I acknowledge that, I am required to maintain a regular class attendance of 110 hrs in order to acquire a full credit course; 55 hrs for a half credit course.

Payment Terms & Conditions

- 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. Upon approved financial request arrangements, an installment fee of \$10.00 will apply to each installment.
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 an administrative fee of \$50.00 for NFS cheques; \$17 for wire transfer; and for Visa/Master card payments.
I acknowledge that, fees are non-transferable and the tuition fee will not be valid after one year of the first payment date.
I acknowledge that, fees not paid within 30 days of and/or after the Due Date will be subject to an interest charge of 2% every month.
I acknowledge that, fees are subject to change without notice.

Refund Terms & Conditions

- 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 who is expelled from Mississauga Secondary Academy is not entitled to refund of any fees.
I acknowledge that, 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, any student who violates Mississauga Secondary Academy's rules and regulations will consequently be expelled and will not be eligible for any refund.
I understand and accept the payment and refund policies of Mississauga Secondary Academy.

School Rules & Regulations

- I acknowledge that, I am responsible for reading the MSA student handbook and school policy which can be found at front desk.
If accepted as a student at Mississauga Secondary Academy, I hereby agree to abide to all the rules and regulations of the school.
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 my appearance will be taken by the surveillance system for security purposes only.
I hereby consent to receive electronic communication from Mississauga Secondary Academy at the email addresses provided on page 1.
I acknowledge that, Mississauga Secondary Academy shall under no circumstances be liable for any loss, damages or injuries. Students are encouraged to protect themselves from loss.
I acknowledge that, student and student's parents/guardians accept liability for any restitution order granted to cover the student's willful misconduct resulting in death, injury, property loss or damage.

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.

Table with 3 columns: 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.