

□ FullTime □ PartTime

STUDENT INFORMATION					
Last Name		First Name		Date of Birth	
Grade	OUAC #		OEN #		Gender
Street #, Street Name			Town / City		Province
Postal Code	Contact Cell #		E-mail		
Canadian Citizen Permanent Resident Study Permit Oth			ier		Expiry Date (YYYY/MM/DD)
PARENTS/GUARDIAN INFORMATION					
First Parent/Guardian			Second Parent/Guardian		
Mr Mrs	Relationship		🗆 Mr 🗌 Mrs		Relationship
Name (Family Name, First Name)			Name (Family Name, First Name)		
Home Phone #	Cellular #		Home Phone #		Cellular #
	lf	address information differe	nt than above, fill in area be	elow	
Name (Family Name, First Name)		Name (Family Name, First Name)			
Street #, Street Name			Street #, Street Name		
Town/City	Postal Code		Town/City		Postal Code
EDUCATIONAL BACKGROUND					
Is the student currently attending school?			IfYes, Name of School		
Address of School					
Phone Number Of School			School Board		
EMERGENCY INFORMATION					
Emergency Contact Name Relationship		Contact Phone #			
Contact Cell #			Contact Other #		



## **PROGRAM CHOICE**

Course Name

Start Date

## PAYMENTS AND REFUND POLICIES

## **B. REFUND POLICY**

- 1. A non-refundable application fee of \$295 USO must be paid upon registration. All respective fees must be paid before enrolment. All fees are non-transferable whatsoever.
- 2. Refund Policy

If a student/guardian/parent decides to withdraw from Sunnybrook Secondary School after he or she has registered and paid for the all online program, a refund can be issued under two conditions; a. A refund request must be submitted within 48 business hours of payment. b. Student has yet to gain access to course materials or the student portal. If a refund request does not meet any of these conditions, no refund will be issued.

3. I agree to follow the above policy and I am willing to abide by the regulations set up by the School thereafter.

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Student Signature

Date

Signature of Parent/Guardians (if applicant below 18 years of age)

Date