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PLEASE ENSURE ALL SECTIONS ARE FILLED OUT IN THEIR ENTIRETY BEFORE SUBMISSION TO AVOID REGISTRATION DELAYS

. STUDENT INFORMATION					
AST NAME (MUST BE SAME AS ON PASSPORT)	FIRST NAME (MUST BE SAME AS	ON PASSPORT)		□ FEMALE	□ MALE
RADE ADDRESS	CITY			PROVINCE/STATE	POSTAL CODE / ZIP
TUDENT PHONE NUMBER	STUDENT EMAIL (PRINT CLEAR	LY)	BIRTHD	ATE (DD/MMM/YYYY)	
RESENT SCHOOL (FULL NAME OF SCHOOL REQUIRED)	CITY				
AVE YOU BEEN A STUDENT WITH BLYTH IN THE LAS O YOU HAVE A SIBLING ATTENDING GLOBAL HIGH S		AR?	☐ YES	□ N0 □ N0	
YOUR PASSPORT CURRENTLY VALID FOR 6 MONTH PLEASE NOTE THIS IS A MANDATORY REQUIREMENT FO		E? □ YES □ NO; I A	AM CURRENTL	Y RENEWING MY PASSPO	ORT
ASSPORT NUMBER (#) CITI	ZENSHIP				
PARENT/GUARDIAN INFORMATIO	N				
PARENTS ARE SEPARATED, WHICH PARENT IS THE	LEGAL GUARDIAN OF THE APPLICANT	P □ N/A □ P	ARENT 1	□ PARENT 2	□ JOINT
RENT/GUARDIAN 1: LAST NAME		FIRST	NAME		
DDRESS	СІТУ	PROVI	NCE/STATE	POSTAL	CODE / ZIP
ME PHONE NUMBER BUSINESS PHON	E NUMBER CELL I	PHONE NUMBER	PARENT	/GUARDIAN 1 EMAIL	
RENT/GUARDIAN 2: LAST NAME		FIRST	NAME		
DDRESS	CITY	PROVI	NCE/STATE	POSTAL	CODE / ZIP
DME PHONE NUMBER BUSINESS PHON	E NUMBER CELL I	PHONE NUMBER	PARENT	/GUARDIAN 1 EMAIL	
GLOBAL HIGH SCHOOL PROGRAM	IS				
FULL-YEAR OPTION	SEMESTER OPTIO	N		SINGLE-TERM O	PTION
	□ TERM 1 & TERM 2 □ TE	ERM 3 & TERM 4	□ТІ	ERM 1 □ TERM 2 □ TER	M 3 □ TERM 4
TRAVEL INFORMATION (MUST CHEC		E MY OWN TRAVEL ARRA	NGEMENTS A	ND RECEIVE AN AIR CREE	DIT
INSURANCE AND CANCELLATION	PROTECTION (CANCELLATION	PROTECTION MUST BE	PURCHASED	AT TIME OF REGISTRA	TION)
I WILL PURCHASE THE MEDICAL INSURANCE & CA		☐ I WILL PURCHA☐ I WILL PURCHA		TION PROTECTION ONLY	
	ALL CANCELLATION PROTECTION & M	EDICAL INSURANCE FEE	S ARE NON-RE	FUNDABLE	

- CANCELLATION PROTECTION AND/OR MEDICAL TRAVEL INSURANCE MUST BE PURCHASED OR DECLINED AT TIME OF REGISTRATION
- MEDICAL TRAVEL INSURANCE IS ONLY AVAILABLE TO CANADIAN RESIDENTS WHO HAVE VALID PROVINCIAL HEALTH COVERAGE
 - PRE-EXISTING MEDICAL CONDITIONS ARE NOT COVERED. OTHER EXCLUSIONS APPLY. REFER TO POLICY FOR DETAILS
 - BASED ON TERM DATES ONLY. COVERAGE NOT INCLUDED DURING THE GAP BETWEEN TERMS 2 AND 3.



6. PAYMENT

IF PURCHASING INSURANCE OR CANCELLATION PROTECTION, PLEASE INCLUDE THIS AMOUNT IN YOUR PAYMENT.

THE REMAINING INSTALLMENTS, INCLUDING DEPARTURE TAXES WILL BE CHARGED TO YOUR CREDIT CARD AS PER THE TIMELINES SPECIFIED IN ACCORDANCE WITH YOUR SELECTIONS.

PLEASE NOTE THE FOLLOWING:

- YOUR REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION FORM IN ORDER TO RESERVE A PLACE IN BLYTH.
- PLEASE NOTE BLYTH WILL RETAIN YOUR CREDIT CARD INFORMATION ON FILE AS LONG AS THE STUDENT IS ATTENDING BLYTH ACADEMY EITHER TO COVER THE INSTALLMENT PAYMENTS IF YOU SELECTED THIS OPTION OR FOR ANCILLARY FEES AND COSTS THAT MAY BE INCURRED DURING THE YEAR.

□ VISA	☐ MASTERCARD	☐ AMERICAN EXPRESS	□ POST-DATED (CHEQUES ENCLOSED PAYABLE TO BLYTH EDUCATIONAL TRAVEL	
CARD NUMBER		EXPIRY		AMOUNT (\$)	
NAME ON CARD		☐ I HAVE READ AN TO THE TERMS A		CARDHOLDER SIGNATURE	

GLOBAL HIGH SCHOOL PAYMENT SCHEDULES

FULL YEAR OPTION

Full Year: Start Dat	te September 2, 2016				
Upon Registration	Deposit + Registration fee	\$ 1,880.00	\$ 495.00		
February 1, 2016	Installment	\$ 7,485.00			
March 24, 2016	Installment	\$ 7,485.00			
April 10, 2016	Installment	\$ 7,485.00			
June 24, 2016	Balance + Taxes*	\$ 7,485.00	\$ 1,295.00*		
September 7, 2016	Installment	\$ 7,485.00			
November 10, 2016	Balance + Taxes*	\$ 7,485.00	\$ 1,695.00*		
		\$ 46,790.00	\$ 3,485.00	\$ 50,275.00	
Plus Cancellation and/or Medical Insurance fees (if selected)					

SEMESTER OPTION

Tauma 1 9 2: Ctaut	Data Cantombar 2 2016		
	Date September 2, 2016		
Upon Registration	Deposit + Registration fee	\$ 1,400.00	\$ 495.00
February 1, 2016	Installment	\$ 8,000.00	
March 24, 2016	Installment	\$ 8,000.00	
June 24, 2016	Balance + Taxes*	\$ 6,990.00	\$ 1,295.00*
		\$ 24,390.00	\$ 1,790.00 \$ 26,180.00
	Plus Cancellatio	n and/or Medical Ins	surance fees (if selected)
Terms 3 & 4: Start	Date February 21, 2017		
Upon Registration	Deposit + Registration fee	\$ 1,400.00	\$ 495.00
April 10, 2016	Installment	\$ 8,665.00	
September 7, 2016	Installment	\$ 8,665.00	
November 10, 2016	Balance + Taxes*	\$ 7,660.00	\$ 1,695.00*
		\$ 26,390.00	\$ 2,190.00 \$ 28,580.00
	Plus Cancellatio	n and/or Medical Ins	surance fees (if selected)



SINGLE TERM OPTION

Term 1: Start date S	September 2, 2016			
Upon Registration	Deposit + Registration Fee	\$ 1,190.00	\$ 495.00	
February 1, 2016	Installment	\$ 5,500.00		
June 24, 2016	Balance + Taxes*	\$ 5,500.00	\$ 1,095.00*	
		\$ 12,190.00	\$ 1,590.00	\$ 13,780.00
	Plus Cancellation and	d/or Medical Insuran	ce fees (if selected)	
Term 2: Start date 0	October 23, 2016			
Upon Registration	Deposit + Registration Fee	\$ 1,190.00	\$ 495.00	
March 24, 2016	Installment	\$ 5,500.00		
July 24, 2016	Balance + Taxes*	\$ 5,500.00	\$ 1,095.00*	
		\$ 12,190.00	\$ 1,590.00	\$ 13,780.00
	Plus Cancellation and	d/or Medical Insuran	ce fees (if selected)	
Term 3: Start date F	February 21, 2017			
Upon Registration	Deposit + Registration Fee	\$ 1,190.00	\$ 495.00	
April 10, 2016	Installment	\$ 6,500.00		
November 10, 2016	Balance + Taxes*	\$ 6,500.00	\$ 1,395.00*	
		\$ 14,190.00	\$ 1,890.00	\$ 16,080.00
	Plus Cancellation and	d/or Medical Insuran	ce fees (if selected)	
Term 4: Start date A	April 13, 2017			
Upon Registration	Deposit + Registration Fee	\$ 1,190.00	\$ 495.00	
September 7, 2016	Installment	\$ 5,500.00		
January 7, 2017	Balance + Taxes*	\$ 5,500.00	\$ 795.00*	
		\$ 12,190.00	\$ 1,290.00	\$ 13,480.00
	Plus Cancellation and	l/or Medical Insuran	ce fees (if selected)	<u>- </u>

^{*}Departure taxes and service charges are subject to change.

Registration fee of \$495.00 is charged on a one time annual basis (not per term or semester).

TERMS AND CONDITIONS

- ALL CANCELLATIONS MUST BE MADE IN WRITING
- ALL DEPOSITS, INCLUDING HEALTH & WELLNESS FEES, E-BOOK FEES, AND REGISTRATION FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCE
- ALL CANCELLATION PROTECTION & MEDICAL INSURANCE FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCE
- CANCELLATION PROTECTION AND/OR MEDICAL TRAVEL INSURANCE MUST BE PURCHASED OR DECLINED AT THE TIME OF REGISTRATION
- MEDICAL TRAVEL INSURANCE IS ONLY AVAILABLE TO CANADIAN RESIDENTS WHO HAVE VALID PROVINCIAL HEALTH COVERAGE
- PRE-EXISTING MEDICAL CONDITIONS ARE NOT COVERED. OTHER EXCLUSIONS APPLY. REFER TO POLICY FOR DETAILS
- ENROLMENTS RECEIVED WITHIN 30 DAYS PRIOR TO DEPARTURE ARE SUBJECT TO AVAILABILITY AND TO A SURCHARGE
- TUITION FEES MAY BE ELIGIBLE FOR A PARTIAL REFUND ACCORDING TO THE FOLLOWING TIMELINES:

GREATER THAN 120 DAYS PRIOR TO THE 1^{ST} TERM ATTENDED:

TUITION FEES PAID ARE 50% REFUNDABLE (EXCLUDING ALL OF THE ABOVE ITEMS) 120 DAYS – 90 DAYS PRIOR TO THE 1^{ST} TERM ATTENDED:

TUITION FEES PAID ARE 25% REFUNDABLE (EXCLUDING ALL OF THE ABOVE ITEMS)

WITHIN 90 DAYS (4 MONTHS) PRIOR TO THE 1ST TERM ATTENDED:
TUITION FEES PAID ARE 100% NON-REFUNDABLE, UNLESS A VALID CANCELLATION CLAIM HAS BEEN SUBMITTED AND APPROVED

- AN NSF FEE OF \$50 WILL BE APPLIED TO ALL CHEQUES PROCESSED WITH INSUFFICIENT FUNDS.
- LATE PAYMENTS WILL BE ASSESSED A \$50 SURCHARGE FOR FAILURE TO PAY BY THE DATE(S) SPECIFIED ON ALL INVOICES.
- ITEMS NOT INCLUDED IN TUITION FEES: DEPARTURE TAXES, CANCELLATION PROTECTION, MEDICAL INSURANCE, REGISTRATION FEE, LOCAL TRANSPORT, LUNCHES, TEXTBOOKS AND SCHOOL SUPPLIES, MATERIALS FEE, OPTIONAL EXCURSIONS, MANDATORY ACTIVITIES FEE, AND SPECIAL EVENTS
- I HAVE READ AND AGREE TO THE TERMS AND FEES OF THIS PROGRAM. I AM AWARE OF THE CANCELLATION POLICIES AND AGREE NOT TO DISPUTE OR ATTEMPT TO CHARGE BACK THE ABOVE SIGNED FOR AND ACKNOWLEDGED CHARGE(S). I AM AWARE IT IS MY RESPONSIBILITY TO ENSURE SUFFICIENT FUNDS ARE AVAILABLE IN ALL ACCOUNTS SPECIFIED FOR PAYMENT. I HEREBY AUTHORIZE BLYTH ACADEMY TO CHARGE THESE ACCOUNTS AS PER THE TIMELINES SPECIFIED IN ACCORDANCE WITH MY SELECTIONS.

SIGNATURE OF THE PARENT / GUARDIAN (IF UNDER 18)

DATE



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8. MEDIA RELEASE

At Blyth we provide a rich learning environment where students learn both from our teachers and from the guided collaborative work they do in our programs.

We are proud to share this environment with our current and future students, alumni and family members by featuring students and their work on our websites and in other electronic and print media, as well as in presentations, open houses, student introduction nights and the like.

To assist in carrying out, enriching, developing and publicizing our programs we request the following consents from you and your parents or guardians.

- I understand that during my participation in Blyth programs Blyth may record me and my voice, both individually and as part of any group, in any physical or electronic manner including but not limited to still photographs and audio/video recordings, and that Blyth will make excerpts and compilations of these recordings (the recordings, excerpts and compilation are referred to collectively as recordings).
 - (a) I authorize Blyth to make, copy, publish and otherwise include recordings of me in websites and other physical or electronic media published or presented by or on

		behalf of Blyth for the Blyth c publications such as yearbooks		pers). I understand that Blyth may charge Blyth community members for
	(b)			ars in physical or electronic media (including but not limited to print, radi I will be used only in relation to Blyth educational programs.
If you do n	ot agree, it is	s your responsibility to identify you	urself to the photographer or videographer, and temporarily	remove yourself from situations in which recordings are being made.
		□ I DO AGREE	□ I DO NOT AGREE	
2.		y participation in Blyth programs is, surveys and papers.	I may be creating a number of works including but not	limited to photographs, videos, drawings, paintings, texts, blogs, email
	(a)	Blyth from or including my wo		any of my works or any excerpts or compilations made by or on behalf er people, for the Blyth community. I understand that Blyth may decide g my name altogether.
	(b)			vork in promotional material that appears in physical or electronic med the Blyth community in relation to Blyth educational programs.
		□ I DO AGREE	□ I DO NOT AGREE	
3.	The above	authorizations are subject to the	following:	
	(a)		non-exclusive, meaning that I may use my own work for cordings without payment to me.	any other purposes, and Blyth is entitled to carry out any of its permitte
	(b)	belongs to and remains with E		by Blyth (including Blyth photographs or recordings of me or my work ish anything described in the preceding sentence in any manner, includir y Blyth website onto any hard drive or other website.
	(c)	Under no circumstances does	Blyth incur any liability to me or other parties in respect of	any use by me or other parties of any material described in paragraphs
			pies of me or my works made by parties other than Blyth, lity on behalf of myself and anyone who may claim through	that is carried out without the prior written consent of Blyth, and I release me.
	-		be used by and accrues to the benefit of Blyth and its parer eirs, executors, personal representatives, administrators, s	nt, related, subsidiary or affiliated entities and any and all of their respective successors and assigns of all of the foregoing parties.
STUDENT	NAME		STUDENT PHONE NUMBER	STUDENT EMAIL
STUDENT	HOME ADDR	PESS		

SEND TO: BLYTH ACADEMY registrar@blytheducation.com

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

(PARENTS' / GUARDIANS NAMES), CONSENT TO THE STUDENT'S PARTICIPATION AND THE TERMS SHOWN ABOVE, INCLUDING BUT NOT LIMITED TO PARAGRAPH 3(c).

DATE

DATE