

BLYTH ACADEMY INTERNATIONAL SUMMERS & COMMUNITY SERVICE APPLICATION FORM

Email: registrar@blytheducation.com | Fax: 416-960-9506

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME (AS ON PASSPORT)	FIRST NAME (AS ON PASSPORT)	MIDDLE NAME (AS ON PASSPORT)	FEMALE	MALE
ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE/ZIP	
PHONE NUMBER	EMAIL (PRINT CLEARLY)	PRESENT SCHOOL	CITY	BIRTH DATE (D/M/Y)
HAVE YOU BEEN A STUDENT WITH BLYTH IN THE PAST 365 DAYS?	YES	NO	PASSPORT NUMBER	CITIZENSHIP
IS YOUR PASSPORT CURRENTLY VALID 6 MONTHS AFTER THE SCHEDULED RETURN DATE?	YES	NO, I AM CURRENTLY RENEWING MY PASSPORT		

PARENT/GUARDIAN INFORMATION

PARENT: LAST NAME	FIRST NAME	FEMALE	MALE	
ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE/ZIP	
HOME PHONE NUMBER	BUSINESS/CELL NUMBER	FAX NUMBER	EMAIL (PRINT CLEARLY)	
PARENT: LAST NAME	FIRST NAME	FEMALE	MALE	
ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE/ZIP	
HOME PHONE NUMBER	BUSINESS/CELL NUMBER	FAX NUMBER	EMAIL (PRINT CLEARLY)	
IF PARENTS ARE SEPARATED/DIVORCED, WHICH PARENT IS THE LEGAL GUARDIAN OF THE APPLICANT? _____				

GRADE 11 & 12 ACADEMIC PROGRAMS

- | | | | |
|-------------------------------------|------------------|--------------------------|-----------------------------------|
| Amazon and Galapagos | Cozumel (July) | Grand Tour Europe: East | Florence (July) |
| Australia, New Zealand & Fiji | Cozumel (August) | Grand Tour Europe: West | Florence (August) |
| Casa de Campo (July) | Hawaii (July) | Iceland | Portugal |
| Casa de Campo (August) | Hawaii (August) | Italy | Rome & The Greek Islands (July) |
| China & the Trans-Mongolian Express | France (July) | Ireland, England & Italy | Rome & The Greek Islands (August) |
| Costa Rica (July) | France (August) | Japan (July) | Spain |
| Costa Rica (August) | Grand Tour Asia | Japan (August) | |

DOUBLE CREDIT PROGRAMS:

- | | |
|---|---|
| Amazon & The Galapagos + Costa Rica | Grand Tour Europe: East + Rome & The Greek Islands |
| Back-To-Back Cozumel | Grand Tour Europe: East + Florence |
| Costa Rica Community Service + Costa Rica | Ireland, England & Italy + Florence |
| Grand Tour Asia + Japan | Ireland, England & Italy + Rome & The Greek Islands |

COURSE CODE: _____ SECOND COURSE CODE: _____ (applicable to Double Credit Programs only)

GRADE 9 & 10 ACADEMIC PROGRAMS

Costa Rica	England, Scotland & Ireland	Casa de Campo	COURSE CODE: _____
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COMMUNITY SERVICE PROGRAMS

Costa Rica (March Break)	Costa Rica (July)	Peru (March Break)
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HEALTH & WELLNESS PROGRAMS (CASA DE CAMPO)

- | | |
|--------------------------------|--|
| Full Program (July) | Two Week Program (July 15 - 27) |
| Full Program (August) | Two Week Program (July 29 - August 10) |
| Two Week Program (July 3 - 15) | Two Week Program (August 10 - 22) |

TRAVEL INFORMATION (MUST CHECK ONE)

I WILL JOIN THE ROUND-TRIP GROUP FLIGHTS FROM TORONTO

I WILL MAKE MY OWN TRAVEL ARRANGEMENTS AND RECEIVE AN AIR CREDIT

INSURANCE AND CANCELLATION PROTECTION (MUST CHECK ONE) NOTE: CAN ONLY BE PURCHASED AT THE TIME OF REGISTRATION

I WILL PURCHASE THE MEDICAL INSURANCE & CANCELLATION PROTECTION PLAN

I WILL PURCHASE THE MEDICAL INSURANCE ONLY

I WILL PURCHASE CANCELLATION PROTECTION ONLY

I DO NOT WANT MEDICAL INSURANCE OR CANCELLATION PROTECTION

DIETARY AND MEDICAL INFORMATION

DO YOU REQUIRE VEGETARIAN MEALS? YES NO

DO YOU HAVE ANY SPECIAL DIETARY NEEDS? YES NO

IF YES, PLEASE EXPLAIN: _____

Please list any medical issues, allergies, and medications you are taking: _____

To make your child's experience the best possible please outline any medical or non medical conditions we should know about: _____

PAYMENT

YOUR DEPOSIT OF \$895 PLUS THE REGISTRATION FEE OF \$195 MUST ACCOMPANY THIS APPLICATION. IF PURCHASING INSURANCE, PLEASE REMEMBER TO INCLUDE THIS AMOUNT IN YOUR PAYMENT. THE 2ND INSTALLMENT OF \$1000 WILL BE CHARGED TO YOUR CREDIT CARD IN 30 DAYS. THE BALANCE OF THE FEE WILL BE CHARGED ON DECEMBER 31, 2018 FOR MARCH BREAK PROGRAMS, AND APRIL 1, 2019 FOR SUMMER PROGRAMS.

VISA AMERICAN EXPRESS MASTERCARD

NAME ON CARD _____

AMOUNT \$ _____

CARD NUMBER _____

EXPIRY _____

CVV _____

CARDHOLDER SIGNATURE _____

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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).

SIGNATURE OF APPLICANT _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS

HOW DID YOU HEAR ABOUT BLYTH ACADEMY? _____