



# Student Application Form

Please submit the following **Application Form** by email or mail to:

**Uchenna Academy Email:** [info@uchenna.ca](mailto:info@uchenna.ca)

**Uchenna Academy Mail:** Uchenna Academy, International Student Division  
1205 St. Clair Ave. W. Suite 106  
Toronto, ON, M6E-1B5

A non-refundable application fee of **CAD \$200** must be submitted by cheque, money order, electronic transfer, VISA or MasterCard. Please make cheques payable to Uchenna Academy.

PLEASE PRINT IN ENGLISH

\_\_\_\_\_

Student Legal Last Name	Student Legal First Name	Student Date of Birth	Student Age
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## STUDENT INFORMATION, EDUCATIONAL GOALS & HEALTH INFORMATION

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Last grade successfully completed: \_\_\_\_\_

Secondary Grade Applying to:  9       10       11       12

While in Canada, I will be:

- Living with my parents/family members
- Living at a Uchenna Academy placement
- I do not know where I will be living at this time

### Student Information

Preferred First Name: \_\_\_\_\_ Gender:  MALE       FEMALE

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

First Language: \_\_\_\_\_ Second language: \_\_\_\_\_



### Current School Information

Current School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School City: \_\_\_\_\_ Country: \_\_\_\_\_

Is this an international school?  YES  NO

#### Required Documents for all Applicants:

- Photocopy of student's **passport** or birth certificate in English
- **Letter of Recommendation** written, signed & dated by a school official
- Notarized photocopy of **Translated School Transcripts** from most recent 2 years of study

### Educational Goals

Favourite subjects: \_\_\_\_\_ Difficult Subjects: \_\_\_\_\_

Strengths: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Post-Secondary Plans (e.g. University/College): \_\_\_\_\_

Possible career choices: \_\_\_\_\_

Do you like sports?  YES  NO

If yes, list 3 of your favourite sports:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you play any sport competitively (e.g. on a school team)?  YES  NO

If yes, which sport: \_\_\_\_\_

### Health Information

Does the student have a medical condition/needs of which Uchenna Academy should be aware of?  YES  NO

If yes, please state the medical condition/s: \_\_\_\_\_

Is the medical condition life threatening?  YES  NO



# PARENT/ GUARDIAN INFORMATION

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## Parent/Guardian 1:

Relationship to student: \_\_\_\_\_

GENDER:

  
MALE  
FEMALE

\_\_\_\_\_  
LEGAL LAST NAME

\_\_\_\_\_  
LEGAL FIRST NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
POSTAL CODE

Primary Phone Number:

\_\_\_\_\_  
COUNTRY CODE

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE

Alternate Phone Number:

\_\_\_\_\_  
COUNTRY CODE

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE

## Parent/Guardian 2:

Relationship to student: \_\_\_\_\_

GENDER:

  
MALE  
FEMALE

\_\_\_\_\_  
LEGAL LAST NAME

\_\_\_\_\_  
LEGAL FIRST NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
POSTAL CODE

Primary Phone Number:

\_\_\_\_\_  
COUNTRY CODE

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE

Alternate Phone Number:

\_\_\_\_\_  
COUNTRY CODE

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE



## EMERGENCY CONTACT INFORMATION (WHILE STUDENT IS IN CANADA)

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Uchenna Academy requires emergency contact information if the student will be living outside of Uchenna Academy residence. If the student is staying at a residence secured by Uchenna Academy or if the student does not know who the emergency contact is at this time, this section can be left blank.

**This section is not applicable to me because I will be living at a residence provided by Uchenna Academy or because I do not know who my emergency contact will be at this time.**

### EMERGENCY CONTACT 1:

Relationship to student: \_\_\_\_\_

GENDER:

MALE

FEMALE

\_\_\_\_\_  
LEGAL LAST NAME

\_\_\_\_\_  
LEGAL FIRST NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
POSTAL CODE

Primary Phone Number:

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE

Secondary Phone Number:

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE

### EMERGENCY CONTACT 2:

Relationship to student: \_\_\_\_\_

GENDER:

MALE

FEMALE

\_\_\_\_\_  
LEGAL LAST NAME

\_\_\_\_\_  
LEGAL FIRST NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
POSTAL CODE

Primary Phone Number:

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE

Secondary Phone Number:

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE TYPE



## REFUND POLICY FOR TUITION FEE

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Tuition fee of \$15,000 is due upon confirmation of enrollment, unless a specific payment arrangement has been made with the Uchenna Academy Principal. If Citizenship and Immigration Canada does not issue the study permit, tuition paid by the student, less administration fee of CAD\$500.00 will be refunded.

To obtain a refund, Uchenna Academy must receive a copy of the Letter of Rejection from Citizenship and Immigration Canada.

Uchenna Academy will not issue refunds if student withdraws for reasons other than the Study Permit Application has been rejected.

I understand Uchenna Academy's refund policy.

## CONSENT FORM

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I consent to the use of photographs and video recordings of \_\_\_\_\_ (name of child or self) as part of Uchenna Academy's programs. These photos may be used on Uchenna Academy and their professional affiliates' websites.

The photos will serve the following purpose(s): to engage other youths and other GTA communities into the various programs developed by the Uchenna Academy staff, raise awareness about Uchenna Academy and their courses, programs and initiatives. I agree that I shall have no claim against Uchenna Academy, their professional affiliates or against anyone accessing this product, whether online, in print or by any other means.

We understand and agree that the student may participate in recorded school events.

Please mark this box if you do NOT wish to have the student's photographs and/or video recordings taken .



## GENERAL WAIVER

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Please read the following conditions:

1. There will be no claims made against Uchenna Academy for loss, damage, injury, accident or expense resulting from the student's participation in the International Student Program. Uchenna Academy will be indemnified and released from any financial obligations or liabilities that the student/applicant may incur, or any damage to the person or property of others while participating in Uchenna Academy's International School Program.
2. Uchenna Academy is released from any liability related to injury or loss occurring to the student and is not responsible for any loss or injury suffered by the student during periods of travel and study. Should the student become ill, Uchenna Academy may take action it deems necessary, including paramedic or other transportation and medical treatment at the student's expense.
3. The student shall adhere to all Uchenna Academy school rules, policies and procedures. If the applicant does not adhere to the school's policies, he/she may be sent home at their own expense.
4. Uchenna Academy is governed in accordance with the laws of the Province of Ontario and Canada. The student understands that any disputes in relation to Uchenna Academy's International Student Program will be handled exclusively by the courts of Ontario.

We understand and agree to Uchenna Academy's general waiver.

I have read, understand & agree to follow the policies and guidelines and outlined above.

Student:

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Parent:

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**If an offer for admission to Uchenna Academy is accepted by the student candidate, the undersigned hereby agrees to pay Uchenna Academy all fees and charges which shall at any time hereafter become due and payable in respect of such student.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your interest in Uchenna Academy! We hope to provide you with an outstanding learning experience & a rewarding post-secondary career. Once we receive the application package, we will start to develop a course plan for you.