

**TORONTO TRINITY COLLEGIATE
PART TIME STUDENTS ENROLLMENT FORM**

PHONE: +1 (905)-763-8788 **EMAIL:** TorontotrinityC@gmail.com
BSID#: 669020 **WEBSITE:** https://torontotrinity.ca/
ADDRESS: 200 Town Center Blvd Unit 108 Markham L3R 8G5

OFFICE USE:

OEN# [REDACTED]
 OUAC# [REDACTED]
 Referred By [REDACTED]

ADDITIONAL INFORMATION

First Parent/Guardian (Required)	Second Parent/Guardian	Emergency Contact
Name (Last Name, First Name)		
Relationship		
Cell Number		
Email		

Address (If address information is different from above)

[REDACTED ADDRESS]

SCHOOL POLICY

1. The application fee of \$250 is non-refundable and should be submitted with the completed Application Form and other documents.
2. All tuition fee and other fees (if applicable) should be paid in full before the first day of the semester. For those students who pay the fee later than the first week of the semester, a \$100 late charge will be applied per week. Fees can be paid by cash, cheque, certified cheque, or bank draft. There will be a CAD\$50 charge for any refund cheques, and the subsequent school fees will be accepted in cash only.
3. All fees are non-transferable under any conditions.
4. If a student decides to drop a course for a valid reason before or within the first week of the semester, 70% of the tuition fee will be refunded. If the student drops out within two weeks, 50% of the tuition fee will be refunded. After two weeks of the semester, there will be no refund.

I hereby certify that the information above is correct and complete and I agree to abide by all rules and regulations of the school.

Student Signature [REDACTED]

Signature of parents/Guardians [REDACTED]

(if applicant is below 18 years of age)

Date: [REDACTED]

Date: [REDACTED]