

Required Documents

- The Lester B. Pearson Career Program **Application Form** (1 original copy)
- Attendance Policy** signed by the student
- Cancelation Policy** signed by the student
- Insurance Contract** completed and signed by the student
 - Valid Insurance Policy if student is not taking insurance through the School Board
- Remedial Contract** signed by the student
- Payment Policy** signed by the student
- \$1,500.00 CDN** deposit paid by money order (Payable to Lester B. Pearson School Board)
Balance of fees is due upon approval of Canadian Study Permit
- A copy of a **valid passport** with signature (1 copy)
- A translated (English) **original or notarized and original language** copy of student's transcripts and High School Diploma.
 - Students are asked to submit any other documentation pertaining to **Higher Education** degrees or diplomas (within or outside of Canada)
- A notarized and translated (English) copy of the **student's birth certificate** indicating the parents' names and place of birth (1 original copy)
- Two** recent photos of the student (passport size)
- Copy of CAQ** (Quebec Acceptance Certificate) – Level of study must be indicated as "Diplôme D'études Professionnelle" (1 copy)

*Please include the **completed** CAQ application (1 original) with a \$125.00 CDN payment by money order (Payable to Lester B. Pearson School Board) if necessary.*
- Copy of Canadian Study Permit** – Field of study must be indicated as "Any Post-Secondary" (1 Copy)

Please be sure to send the above checklist along with all **completed documents** to the following:

Admissions
International Career Programs
Lester B. Pearson School Board
244 De La Présentation, Dorval, QC, Canada H9S 3L6
Tel: (514) 798 – 8787 (ext. #1)



Students are to submit any outstanding documents to the admissions department as soon as possible. A student's file remains incomplete until all the above documents have been received.

*Please note that student placements cannot be given away or transferred to other students.



Application to Study in a Lester B. Pearson Career Program

Agent Name (if applicable): _____

1. Applicant Information

Family Name Given Name Middle Name

Date of Birth (dd/mm/yyyy) Gender

City of Birth Province Country

Home Tel # Mobile Tel #

E-Mail Address

2. Mailing Address

No. Street Name City

Province Country Postal Code

3. Residential Address (if different from mailing address)

No. Street Name City

Province Country Postal Code



4. Program Options

1st Choice:

	Fall	Winter	Spring
Program Name	Year	Program Intake: <i>(please circle one of the above)</i>	

2nd Choice:

	Fall	Winter	Spring
Program Name	Year	Program Intake: <i>(please circle one of the above)</i>	

3rd Choice:

	Fall	Winter	Spring
Program Name	Year	Program Intake: <i>(please circle one of the above)</i>	

Note: Some Career Programs are offered/held in the **evenings or weekends. For more information please contact the following:*

Admissions
 International Department
 Lester B. Pearson School Board
 Tel: (514) 798-8787 ext.1

I declare that I have answered all required questions in this application fully and truthfully

 Signature of Applicant

 Date (dd/mm/yyyy)

Lester B. Pearson School Board International Student Attendance Policy

I, _____ acknowledge and understand that it is necessary to maintain **regular and consistence** attendance in all my classes.

I understand that **attendance is a mandatory** part of my studies at the Lester B. Pearson School Board.

I recognize that regular attendance will allow me to maintain the status of a student “In Good Standing”

I understand that attendance is **highly** considered for the issuing of any documentation by the School Board in that it is used in order to attest a student’s academic standing.

Any failure to abide by the above agreements may result in the student losing the privilege to attend subsequent classes, as well as write any exams or the necessary retakes associated with their program. Such an event may lead to the ultimate dismissal of a student from the program.

I have carefully read the above information, and I have been provided an exact translation of this policy in my native language. I understand the meaning of this agreement and agree to abide by these terms

Student’s Signature

Date (mm/dd/yyyy)

Lester B. Pearson School Board International Student Cancellation Policy

1. In the event that a Visa Application, filed prior to the appropriate deadline, is refused by the Canadian or Quebec Government, the full amount paid will be refunded **with the exception of:**
 - i. The cost of registration fee
 - ii. Study Permit and/or Quebec Acceptance Certificate application

The above refund policy is not applied in the case that a student has started in a program by holding a valid Study Permit and his/her Study Permit renewal application is refused during the study period.

2. There will be **no refund** made to any student who **drops or withdraws** from the program at **any time**.
3. In such a case whereby the behavior of a student necessitates their removal from the program, there will be **no refund** granted in regards to any prior fee payments.

I have carefully read the above information, and I have been provided an exact translation of this policy in my native language. I understand the meaning of this agreement and agree to abide by these terms

Last Name

First Name

Student's Signature

Date (mm/dd/yyyy)



Lester B. Pearson School Board International Student Insurance Contract

Health insurance is a legal requirement for any international student studying in the province of Quebec. It is important to note that due to the fact that health insurance is **mandatory** in order to pursue any type of study, without a **valid** health insurance plan on file, a student will not be able to obtain any necessary documentation needed for immigration application.

As a result, Lester B. Pearson School Board has partnered with Johnson Fu Insurance Agency to provide the service of applying for insurance on behalf of any international student that chooses to study at Lester B. Pearson School Board.

Students have **twenty (20) days** from the start of their program to opt out of the insurance provided by Lester B. Pearson School Board and Johnson Fu Insurance Agency. If a student chooses to opt out of the insurance provided, he/she must provide proof that he/she has **identical coverage** to the health insurance plan offered by the Johnson Fu Agency.

Should the twenty day opt-out period expire, students will be automatically enrolled in the Lester B. Pearson School Board and the Johnson Fu Agency health insurance and will be required to pay fees associated with this coverage. If a student provides adequate proof of identical insurance coverage before the opt-out period has expired, he/she will not be required to pay any insurance fees to the Lester B. Pearson School Board.

***Note:**

1. Replacement cards (if lost or damaged) will be issued at a cost of \$10.00 CDN.

I would like for Lester B. Pearson School Board to submit an insurance application for the duration of my program

I have my own insurance and will provide Lester B. Pearson School Board with a valid copy within twenty (20) days

I have carefully read the above information, and I have been provided an exact translation of this policy in my native language. I understand the meaning of this agreement and agree to abide by these terms. I understand that I have twenty (20) days to opt out of the Lester B. Pearson School Board and the Johnson Fu Agency health insurance plan, provided I show proof of identical insurance coverage from another company.

Last Name	First Name
Date of Birth (mm/dd/yyyy)	Gender
Student's Signature	Date (mm/dd/yyyy)



Lester B. Pearson School Board Student Remedial Contract

I, _____ agree to the following conditions as they pertain to any remediation of modules or courses that I may need throughout the duration of my program;

1. A student will be granted **1 (one)** in class re-take following the first unsuccessful attempt of any given module's final exam **free of charge.**
2. In the event that a student fails the final examination for a given module a second time, they will be scheduled a remedial class and examination at a cost of **\$500.00 CDN per module.**
3. Any subsequent remediation needed by a student thereafter will be at a cost of **\$600.00 CDN per module.**

***Please note that any extra charges accrued during the remediation process such as the costs of renewing study permits, CAQs or student insurance are the responsibility of the student and they will be charged accordingly.*

I have carefully read the above information, and I have been provided an exact translation of this policy in my native language. I understand the meaning of this agreement and agree to abide by these terms.

Last Name	First Name
Student's Signature	Date (mm/dd/yyyy)

Lester B. Pearson School Board Payment Policy

I, _____ fully understand the breakdown and payment schedule of my tuition and fees and will issue payments before or by the payment date. I understand that I must pay the full balance on my account prior to starting any classes with the Lester B. Pearson School Board.

I understand that failure to submit payments on schedule will result in (but not limited to): late fee charges and interest fees, hold on student account, removal from program, etc.

I have carefully read the above information, and I have been provided an exact translation of this policy in my native language. I understand the meaning of this agreement and agree to abide by these terms.

Student's Signature

Date (mm/dd/yyyy)