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
- Language Information signed by the student and proof of requirement.
- 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)

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:

Registrar
International Career Programs
6050 boulevard Champlain
Verdun, QC
H4H 1A5
Tel: (514) 798 – 8787 (ext. #4)
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):* ________________________________

<table>
<thead>
<tr>
<th>1. Applicant Information</th>
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</thead>
<tbody>
<tr>
<td>Family Name</td>
</tr>
<tr>
<td>Date of Birth (dd/mm/yyyy)</td>
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<tr>
<td>City of Birth</td>
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<tr>
<td>Home Tel #</td>
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<table>
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<tr>
<th>E-Mail Address</th>
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<tr>
<th>2. Mailing Address</th>
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<tbody>
<tr>
<td>No.</td>
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<tr>
<td>Province</td>
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<tr>
<th>3. Residential Address (if different from mailing address)</th>
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</thead>
<tbody>
<tr>
<td>No.</td>
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<tr>
<td>Province</td>
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### 4. Program Options

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<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt; Choice:</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
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</thead>
<tbody>
<tr>
<td>Program Name</td>
<td>Year</td>
<td>Program Intake: <em>(please circle one of the above)</em></td>
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<th>3&lt;sup&gt;rd&lt;/sup&gt; Choice:</th>
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<th>Winter</th>
<th>Spring</th>
</tr>
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<td>Year</td>
<td>Program Intake: <em>(please circle one of the above)</em></td>
<td></td>
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*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

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**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 Department  
6050 boulevard Champlain  
Verdun, QC  
H4H 1A5  
Website: [www.lbpsb.qc.ca](http://www.lbpsb.qc.ca)
Appendix 1

1. In the event that a Visa Application is refused by the Canadian or Quebec Government, a refund request must be filed. To receive the refund stated below you must submit your refusal letter from the Canadian Embassy no later than 3 months after being issued. The full amount paid will be refunded with the exception of:
   i. A partial administrative fee ($125.00 CAD)
   ii. Study Permit and/or Quebec Acceptance Certificate application if applicable

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 tuition refund made to any student who drops or withdraws from the program. The only tuition refund made will be to students who withdraw 8 weeks before the start of their classes.

3. The school board reserves the right to cancel or delay the start of a program for the following reasons:
   • Insufficient registration to start a cohort
   • Lack of space

Students impacted by this decision will have the choice to wait for the next available starting date or intake or to be refunded as stated above (#1).

4. 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 completely understand the meaning of this agreement and commit to abide by these terms.

For the Lester B. Pearson School Board

__________________________________________________________________________  ______________

Student  Date

__________________________________________________________________________  ______________
Lester B. Pearson School Board
International Student Attendance Agreement

I, ________________________________, acknowledge and understand that it is necessary to maintain regular and consistent 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 College 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 College.

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)
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.
The Lester B. Pearson School Board is an English school board that offers programs in English. Students are expected to have functional English skills to succeed in the programs. The minimum requirement is 5.0 IELTS or any equivalent level from a recognized test or institution.

Please note that some programs (specifically those that interact with patients or clients) require functional French speaking skills. The school board offers classes for French as A Second Language. Although, French classes can be taken at the same time as your program, some programs do require it as a prerequisite.

To help us have a preliminary insight of the student’s English skills and French skills, please put a check mark (✓) in the column that best describes the student.

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<thead>
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<th>Beginner</th>
<th>Intermediate</th>
<th>Average</th>
<th>Strong</th>
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<tr>
<th>French skills</th>
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*Not all programs require French speaking but it is an asset in Quebec*

I have carefully read the above information, and I have been provided an exact translation of this information in my native language.

________________________________________  _______________________________________
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)