



## **International Student Processing Checklist**

- ☐ Application Fee International Students (\$250.00CAD cheque/eTransfer/money order)
- ☐ Application form
- ☐ Medical health coverage (We will need a copy of private insurance or a copy of private insurance and then BC Medical when approved)
- ☐ Study Permit (copy)
- ☐ Birth Certificate
- ☐ Copy of Passport
- ☐ Proof of parent residing in Victoria, BC/Homestay information
- ☐ Lump Sum Payment - (includes year tuition & Field Trip Fee & Supply Fee)



## International Student Policy

*International Students having met any legal qualifications for living in BC will be accepted by Maria Montessori Academy provided that in addition to standard registration information the following is provided and/or verified:*

- *medical health coverage and health information*
- *proof of visa as required*
- *birth certificate*
- *current photo*
- *proof of at least one parent or legal guardian living with the student and Victoria residency*
- *full payment of required fees for International Students for the amount of time the International student is expected to stay during each school year.*

### **2026-27 INTERNATIONAL STUDENT FEES (based on school year) subject to change**

<b>Program</b>	<b>Total Yearly Fees</b>
<b>Tuition Fees 2026-27</b>	<b>27,105 per student</b>

**\*This tuition amount includes school supplies, field trip fee, student enrichment fee and grad fee. This fee does not include the cost for the school uniform (or laptop for students in grade 7-12).**

### **Refund Policy**

Because Maria Montessori Academy provides an official acceptance letter to Canadian Immigration authorities stating that students are enrolled in a full academic year (10 month) program and because student authorizations are granted on the basis of that acceptance, it is essential that students and parents understand that they are making a full one-year commitment to Maria Montessori Academy (the exception being the Cultural Stays)

- The registration fee is non-refundable
- Full refund of tuition fees will be granted if the student authorization is not approved by Canadian immigration. A letter of rejection from the Canadian embassy must be submitted to Maria Montessori Academy
- Eighty Percent (80%) of the full tuition fees will be refunded if the student withdraws prior to the start of school in September
- Seventy percent (70%) of the full year tuition fees will be refunded if the student withdraws by September 30
- There will be no refund of tuition fees if the student withdraws, for any reason after September 30
- There will be no refund of tuition fees if the student violates school rules and policies and is asked to withdraw

**INTERNATIONAL STUDENT**



\_\_\_\_\_ M ☐ F ☐  
SURNAME OF CHILD FIRST NAME MIDDLE NAME(S)

CHILD PREFERS TO BE CALLED (IF DIFFERENT THAN ABOVE) GRADE DATE OF BIRTH: YEAR MONTH DAY

ADDRESS IN YOUR HOME COUNTRY: STREET CITY POSTAL CODE COUNTRY

ADDRESS IN VICTORIA: STREET POSTAL CODE

PLANNED LENGTH OF STAY: START DATE YYYY/MM/DD: \_\_\_\_\_ END DATE YYYY/MM/DD: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

Language spoken at home: ENGLISH ☐ FRENCH ☐ OTHER: \_\_\_\_\_ Language most used: \_\_\_\_\_

Does your child have any serious medical conditions? Yes ☐ No ☐ If yes, please describe:

Is your child fully **fluent/literate** in English at their current grade level? (We do not offer ESL) Yes ☐ No ☐

Has your child had a **Psycho-Educational Assessment**? Yes ☐ No ☐ If Yes, please bring the assessment to the school tour.

**\*\*ANY ASSESSMENTS DONE AFTER THIS REGISTRATION DATE MUST BE COMMUNICATED TO THE OFFICE**

Has your child received **Learning Assistance** Yes ☐ No ☐ IN WHICH SUBJECT(S)? \_\_\_\_\_

Do you give permission for the Principal to contact your child's current school to discuss his/her progress? Yes ☐ No ☐

PARENT 1 FULL LEGAL NAME EMAIL CELL PHONE

RELATIONSHIP TO CHILD OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

PARENT 2 FULL LEGAL NAME EMAIL CELL PHONE

RELATIONSHIP TO CHILD OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

AGENT INFORMATION, IF APPLICABLE (FULL NAME, PHONE #, EMAIL)

HOMESTAY/GUARDIAN INFORMATION (FULL NAME, PHONE #, EMAIL, & ADDRESS)

ADMISSION DATE REQUESTED: \_\_\_\_\_

